

THE AMA NEWS

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The Newspaper of American Medicine

Capsules of the NEWS..

Peddlers Banned: New York City's Board of Health has banned door-to-door peddling of drugs, vitamin preparations and other medicines.

Asian Flu: In first report of death toll of Asian-variety flu, Dr. Leroy E. Burney, Surgeon General, said exotic virus hastened deaths of some 78,000 Americans last fall and winter. See story page 14.

Income Tax: Forms for reporting 1958 income taxes now are being released which is a reminder that it's time to start year-end tax planning.

Doctor Elected: Dr. Dale Alford, Little Rock, Ark. ophthalmologist, defeated Rep. Brooks Hays (D-Ark.) for Arkansas' 5th district congressional seat as a write-in candidate. Hays had served in Congress 16 years. Dr. Alford campaigned one week.

Salk Shots: During 1958—first year in which there was no shortage of Salk vaccine in any area of U.S.—the nation failed to make much progress toward 100% participation in vaccination program. Less than half of all children under five have had three injections. Story page 6.

Science News: Four out of 10 newspapers are devoting twice as much space today to science news as they did a year ago when Russians launched first Sputnik. Of 236 newspapers surveyed, 56.8% said medical news rates as first choice of readers.

Hospital Care: Nation's hospitals cared for nearly 23 million patients during 1957, an increase of more than 900,000 over '56. Average hospital bill was \$198.38, compared with \$181.43 the previous year.

MD Pharmacies: American Druggist's latest annual census (Oct. '58) shows there are in operation 510 pharmacies located in private medical clinics and owned by physicians who operate clinics. That's an increase of 2% over 1957. California and Texas have most. Biggest drop since last census took place in Kansas.

Typhoid Carrier: A Maryland grandmother harbored typhoid fever germs unknowingly for more than 20 years, eventually infecting five grandchildren. There now are some 2,500 typhoid carriers in U.S. who are insulated or isolated against social contacts.

3½ Year Study

Delegates Will Consider Third Party Plan Report



DOCTORS' ASSISTANTS made up one of the largest groups ever to visit the national headquarters of the American Medical Association. This group, seated in AMA's auditorium, was attending the national convention of the American Association of Medical Assistants in Chicago. Story page 13.

AMA's Self-Criticism Study Goes to House

Seldom does a long-established organization attempt rigorous self-criticism. But that's what the American Medical Association undertook last December when a committee was appointed to study the objectives and basic programs of the 111-year-old association.

The report of that six-man committee is being studied now by AMA's House of Delegates. It will be on the agenda at the Clinical Meeting in Minneapolis, Dec. 2-5, for appropriate consideration and action.

The committee, which earnestly sought criticisms from thousands of physicians, was appointed by the Speaker of the House at the Philadelphia Clinical Session.

Officially known as the Committee to Study AMA Objectives and Basic Programs, it was to study and report on these topics:

- 1—Redefining the central concept of AMA Objectives and Basic Programs.
- 2—Placing more emphasis on scientific activities.
- 3—Taking the lead in creating more cohesion among national medical societies.
- 4—Studying socioeconomic problems.

Sometimes referred to as the Aleson Committee since its chairman is Dr. Lewis A. Aleson of Los Angeles, the study group sent out more than 6,800 questionnaires to two groups. The 2,900 questionnaires printed in black ink were sent to officers, trustees, delegates and alternate delegates of the AMA, state and county medical societies and the editors of their journals, members of AMA councils, deans of medical schools, and other national medical associations. The 3,900 questionnaires printed in blue ink were sent to a probability sample of all physicians.

(See Self-Criticism, Page 2)

A commission appointed by AMA's Board of Trustees has urged physicians to assume a "judicious, tolerant, and progressive attitude toward developments in the medical care field."

At the same time, the 15-member Commission on Medical Care Plans said the medical profession must preserve certain basic principles which have been part and parcel of the advance of medical care in the U.S.

The Board of Trustees has submitted the report of the commission to the House of Delegates for action at AMA's 12th Clinical Session, Dec. 2-5, in Minneapolis. At this time the report does not represent official AMA policy.

Three Areas Reviewed: The report, a culmination of 3½ years of study, reviewed three broad areas of medical care programs:

- Nature and method of operation of various types of plans through which persons receive the services of physicians.
- Effect of these plans on quality and quantity of medical care.
- Legal and ethical status of arrangements used by various plans.

The commission, headed by Dr. Leonard W. Larson, Bismarck, N.D., chairman of AMA's Board of Trustees, placed special emphasis on a review of Miscellaneous and Unclassified Medical Care Plans. The report also covers medical society approved plans, industry programs, and student health services.

The commission defined "freedom of choice" as the right of the individual to exercise, without restraint, selection among alternatives. When applied to medical care, the report said an individual should have the right to select a physician of his choice. "The medical profession subscribes to, supports, and strives to attain complete acceptance and application of this principle of freedom of choice," the report stated.

Competency Stressed: "Free choice of physician is an important factor in

(See Delegates, Page 2)

Medical School Students Total 29,473

American medical colleges had a record enrollment of 29,473 students in 1957-58.

Sixty of the 85 operating medical schools reported major construction, costing \$47 million, in the planning, beginning or completion stages.

Forty-nine schools reported major developments in administrative organization, methods of student selection, curriculum, and financing.

An estimated \$275 million was spent by the medical schools in 1957-

58, an increase of 13 per cent over the preceding year.

These were among the many facts and figures in the 58th annual report on medical education by the American Medical Association's Council on Medical Education and Hospitals. The 90-page report appears in the current (Nov. 15) *Journal of the AMA*.

There are 78 approved four-year medical schools in the United States, along with four two-year schools of basic medical science. In addition, three schools have provisional approval of the AMA council and soon will

be graduating students. Ten years ago there were 77 schools, including seven two-year schools of basic medical science.

A total of 6,861 physicians were graduated from the 78 schools in 1958, as compared with 6,796 in 1957. The record year for graduates was 1955 with 6,977.

A new record was established in 1957-58 for the number of freshmen—8,030. The preceding year the number was 8,014 and 10 years ago it was 6,487.

Delegates Will Consider Report On Third Party Plan

(Continued from Page One)

the provision of good medical care," the commission reported. "In order that the principle . . . be maintained and be fully implemented the medical profession must discharge more vigorously its self-imposed responsibility for assuring the competency of physicians' services and their provision at a cost which people can afford."

The committee also said the principle of free choice should be applied as universally as is practicable. Each plan member should have the widest possible choice of physician.

Third parties were defined in the report as "mechanisms which, for any reason, enter into the relationship between the patient and his physician."

In the section on third party relationships in miscellaneous and unclassified plans, the report said:

- Physicians are entitled to practice medicine without lay interference in decisions on predominantly professional matters.

- Under proper legal authority, these third parties are privileged to develop medical care plans. They may reasonably expect that competent medical care will be rendered by all physicians who provide services under the plan to their plan members at a cost that will not be a deterrent to the procurement of such care.

The extension of closed panel, direct service, plans to the entire population could serve as a deterrent to qualified individuals to enter the practice of medicine because of inherent characteristics of these plans which, of necessity, limit the physician's freedom insofar as his mode of practice is concerned, the commission stated.

Situation Changes: "The addition of a new and important factor to any situation changes it," the commission pointed out. "Many of the people now covered by the miscellaneous and unclassified plans visited did not have a personal physician."

"For these groups the introduction of a third party has resulted in more and better care for the following reasons:

- "Through such prepayment plans it is easier for people in these particular lower income groups to defray the cost of good medical care."

- "People largely in the lower social and educational levels either in crowded industrial areas or in remote regions where medical care was not readily available or sought are being educated to seek medical care."

- "The plans insist upon a high grade of training for those physicians providing specialist services and their work is closely and critically scrutinized."

The report went on to say that if such plans were extended to other groups of patients, who are cared for by competently trained physicians, who can afford to pay for their medical care, and who are educated to the value of seeking it early in the course of illness, these plans would be neither desirable nor advantageous.

The introduction of a third party may then be advantageous or disadvantageous depending upon a balance which exists in any particular plan among the following factors:

Main Advantages:

- Physician is free from concern over administrative and financial considerations involved in patient care.

- High qualifications for the performance of specialized work are required.

Disadvantages:

- Flexibility in meeting patients' needs cannot be as great because of necessary rules and regulations which are inherent in administration of these plans.

- Ever-increasing possibility that arbitrary decisions might be made by lay boards and administrators which are contrary to the provision of good quality medical care.

- Likelihood that, due to inertia, necessary changes in procedure or equipment will not be accomplished expeditiously.

- That by the very presence of a third party the physician bears some responsibility to it as well as to the patient; hence, the physician whose income does not depend solely upon satisfying a patient's needs may not be responsive to them.

- If, because of the policies followed by some plans, the patient becomes aware that his physician must look to others for direction and supervision as to the scope of care to be provided and as to procedures to be followed in providing it, the physician may lose prestige and dignity in the eyes of the patient and this may disturb patient-physician relationship.

What is the proper relationship between medical profession and all third party mechanisms?

Progressive Attitude: The commission said "the medical profession should assume a judicious, tolerant, and progressive attitude toward developments in the medical care field. The need for continued experimentation is recognized, and the profession should undertake, and actively participate in, the study and development of various mechanisms for the provision of medical care of high quality."

In summarizing its report, the commission said:

- County and state medical societies should

maintain active liaison committees in the medical care plan field in study, advisory and mediation capacities.

- Medical societies should exert more effective efforts to eliminate unnecessary and excessive use and abuse of medical care plan benefits by a small minority of physicians.

- Medical schools should be encouraged to devote more teaching time to problems in the socioeconomic field of medical care.

- Increased efforts should be made by appropriate facilities of AMA to develop information and to discuss controversial problems with sponsors of the plans as well as state or local medical societies and when requested by the parties concerned to develop effective mechanisms for resolving disputes consistent with the policy of the House of Delegates and the autonomy of constituent associations.

- An appropriate committee from AMA should sponsor national and regional conferences with representatives of all parties concerned. Guides for the relationship between the medical profession and these third parties should be considered and developed based upon recognition of the interests and obligations of plan members, physicians, and third parties.

In commenting on Blue Shield and private insurance prepayment plans, the commission stressed these points:

- Since the preservation of the American system of private medicine may well depend on the success or failure of voluntary health insurance in financing health care costs, it is recommended that the activities within the AMA in matters relating to health insurance be expanded as rapidly as possible.

- The AMA continue and encourage constituent associations and component societies to foster free competition among all legitimate types of health insurers which preserve the private practice of medicine.

- Physicians be ever mindful of their moral responsibility for charging fees based upon the intrinsic value of services rendered since the existence of insurance should alleviate the economic burden for the individual and should not result in an increase in the customary or reasonable charge.

AMA's Self-Criticism Study Goes to House

(Continued from Page One)

members and nonmembers of the AMA. Usable returned questionnaires from the first group were about 17% of those sent; and 12% of the latter group. The respondents to the black and the blue questionnaires provided answers which were remarkably similar.

One Umbrella: In the preface of its lengthy report, the committee made this statement:

"If it can be said that these many and varied criticisms point in any central direction, it would be that the central problem of our Association in the year 1958 is 'splintering'—the dynamics of medicine are driving us in so many directions simultaneously. The result is more and ever more divisions and subdivisions in the practice of medicine. One may justly ask, is medicine organized or disorganized? The central imperative for our Association is to re-establish its leadership, and unify the fragments into a cohesive entity under one umbrella."

Here briefly are some of the findings and recommendations of the committee:

F—Membership of AMA is convinced sociological and economic trends and conditions of today constitute an important aspect in the medical care of the patient and of the practice of medicine.

R—That the House of Delegates consider the advisability of amending Article II of the Constitution by this substitution: "The objectives of the Association are to promote the science and art of medicine and the betterment of public health, and an understanding of the socioeconomic and political conditions which will facilitate the attainment of these objectives."

F—Present degree of emphasis on scientific activities met with approval of the respondents—86% of the returned black questionnaires and 76% of the returned blue questionnaires (probability sample) approved the present degree of emphasis.

R—Based on comments written on the questionnaire and its own observations, the committee strongly advised the Board of Trustees to give serious consideration to the establishment of some

more effective mechanism to insure continued study of the scientific activities of the Association with the ultimate intent and purpose of revamping and otherwise changing them as deemed necessary.

F—From replies to second part of question regarding "taking the lead in creating more cohesion among national medical societies," the committee said it was clear respondents believe that more cohesion is needed in both scientific and socioeconomic areas, with somewhat more stress on the latter.

R—Committee recommended that a more thorough study should be made of our relationships with other national medical organizations with a view to improving them and to reasserting AMA leadership in socioeconomic areas particularly, and to the maximum extent in scientific areas.

In order to accomplish these objectives, the committee recommended that the Board of Trustees in establishing a mechanism for the continued study of the scientific activities of the Association insure that that mechanism will assume the responsibility for establishing active liaison with each national medical society. The committee also said there should be an attempt to define the area of activity of each organization.

Socioeconomic Emphasis: The report stated that the tremendous emphasis in the questionnaire survey on socioeconomic policies was one of the surprises to the committee.

"It seems that no matter which questions we asked about objectives and policies, and/or how we worded them, the socioeconomic aspects were somehow emphasized by the respondents," the committee reported. "No longer can it be claimed that our Association is not interested and should not be interested in socioeconomic factors of American life."

One of the questions asked was: "What socioeconomic policies of the AMA do you approve or disapprove?"

The committee thought it wise not to specify socioeconomic policies by name in framing the question, but

respondents mentioned 19 policies often enough to warrant tabulation.

The committee considered it of critical importance that the House know that the study is a committee's report and not a statistical report of the results of a scientific poll of opinion. "It would have served no purpose to report on the tabulations separately for and against a specific policy," the report said.

The Association's stand on socialized medicine was mentioned most frequently, followed by social security coverage for self-employed physicians, extension of voluntary health insurance, and what the committee was forced to call "publicizing policies." Forand bill and the third party problem ranked below all four of the above policies.

Supporting the committee's report are two appendices. The first presents more than 1,600 selected quotations from returned questionnaires. These give in the words of the replying physician his specific suggestions or criticism on the four subjects which the committee was assigned. Some deletions of words in these selected quotations were necessary to avoid giving the names of present and past officials of the AMA. The second appendix is a statistical analysis of the returned questionnaires.

Continuous Task: Members of the committee were in unanimous agreement that it should be discharged although the task is not finished. "Indeed, our studies definitely indicate this to be a continuous task," the report stated.

The committee recommended the establishment for a period of three years of a Council or Committee on Socioeconomics to investigate socioeconomic and related problems with which the Association is likely to be confronted in future years.

Another recommendation by the committee was that the Board of Trustees give serious consideration to opening the publications of the Association to a free and open discussion of socioeconomic problems applicable to medicine. "Members and officers of the Association should be encouraged to contribute items to this section of the publication or publications," the report said. "We must restore to our members the feeling of belonging. We must not stifle constructive criticism. Forward-looking discussions of any and all future

problems should be made available to our members."

Members of the committee are Drs. James Z. Appel, Lancaster, Pa.; Hugh H. Hussey Jr., Washington, D.C.; Raymond M. McKeown, Coos Bay, Oregon, of the Board of Trustees; and Drs. Aleson, Thurman B. Givan, Brooklyn, N.Y.; Milford O. Rouse, Dallas, Texas, of the House of Delegates.

Started in 1957: Appraisal of the many aspects of the structure and functions of the AMA began in 1957 when a management consulting firm was employed to evaluate the work of the Association. The firm's report (Heller Report, April 30, 1957), which recommended changes in organization structure and administrative policies, actually was the forerunner of the Committee to Study AMA Objectives and Basic Programs.

At Philadelphia last December, the Hyland Committee (Drs. William A. Hyland, Grand Rapids, Mich., chairman; Harlan English, Danville, Ill.; Charles T. Stone, Galveston, Texas; Norman A. Welch, Boston, Mass. and Aleson) presented its analysis of the report of the consulting firm (Robert Heller and Associates). The present committee, appointed following that report, covered the remaining four topics of the Heller Report.

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Here's Your Guide To Clinical Meeting

The American Medical Association's 12th Clinical Meeting, designed to help the family physician solve his daily practice problems, will be held in Minneapolis, Dec. 2-5. It is hoped this guide will be helpful to physicians and their wives who plan to attend the medical meeting.

THE CITY: Minneapolis, gateway to Minnesota's vacationland, is one of America's most scenic metropolitan centers. There are 22 lakes and 152 parks within the city limits. It is a busy river port with barge service on the Mississippi River—which flows sedately through the city. Largest of the great Upper Midwest cities, Minneapolis also is an important industrial and cultural center.

THE WEATHER: Situated midway between the equator and the north pole, Minneapolis' winters are brisk. Weather records over the years show maximum temperature for first five days of December is 30—minimum 17 to 15. There is 40% chance of some snow in early December.

WHAT TO WEAR: Barbara Flanagan of Minneapolis Star-Tribune told The AMA News: "December is cold, but not enough to keep Minneapolis women from wearing fur stoles. Wraps usually go over short gowns in any of the perennial party fabrics. Cocktail-length dresses are favored for most events. It's cold enough to wear ski clothes at outdoor sports events. Fur coats and fleece-lined coats over wool suits are fine for outdoors and shopping tours. It can be sloppy underfoot in December, but usually a lightweight type of rain boot will be sufficient."

For the men: Those who have zip-out lining topcoats should take the lining along. It'll be too early for overshoes, but rubbers might be worn by anyone out for a stroll. Middle-weight suits will be in season.

GOURMET GUIDE: The Twin Cities are loaded with fine eating places, some nationally-famous. Here are some of the outstanding downtown restaurants recommended to The News by Minneapolis gourmets:

- Charlie's (4th Ave. & 7th St.) Steaks and seafood. (Seafoods are flown into Minneapolis daily, and well-eyed pike, most delectable of inland fishes, can be found in many restaurants.)
- Harry's (74 South 11th St.) Smaller but choice.
- Waikiki Room (Pick-Nicollet Hotel) Polynesian food and drinks.
- Schiek's (45 South 3rd St.) Roomy and old-fashioned with German dishes usually a specialty. Singing by a sextet, reservations necessary.
- The Flame Room (Radisson Hotel) Name floor show twice nightly.
- Nankin (15 South 7th St.) and John's Place (28 South 6th St.) Chinese food.
- Chateau de Paris (Dyckman Hotel) French food.

Outstanding outlying restaurants include:

- White House (4900 Olson Highway) Polynesian dishes and roast beef.
- Coleman's in near-St. Paul.
- Parker House in Mendota.
- St. Paul House in Shakopee.
- Country House at Medicine Lake.
- Culbertson's and Park Terrace toward Hopkins.
- McCarthy's toward Wayzata.
- Michael's, a short ride from the loop.
- St. Paul adventurers will find such places as Napoleon's, Italian and French cuisine; the Criterion, a choice steak house, and La Casa Coronado, Mexican food.

WHAT TO SEE: Chartered bus tours can be arranged with Twin City Lines.

- Spectacular airview of downtown Minneapolis and surrounding area can be obtained from top of Foshay Tower from 8 a.m. to 11 p.m. daily.
- Mayo Medical Building, University hospitals, Variety Club Heart Hospital at University of Minnesota.

Program Notes

HOUSE OF DELEGATES: Convenes 9 a.m. Dec. 2 in Illinois, Minnesota, and Wisconsin rooms of Leamington Hotel.

MEETINGS AND EXHIBITS: Scientific meetings, scientific and industry exhibits will be held in Municipal Auditorium. Opening General Assembly: 9:30 a.m. Dec. 2. Scientific Program opens 10:30 a.m. Dec. 2.

REGISTRATION: Registration Bureau in Municipal Auditorium opens 8 a.m. Dec. 2. Opens Wednesday through Friday at 8:30 a.m.

MOTION PICTURES: Municipal Auditorium.

COLOR TELEVISION: Municipal Auditorium.

HOTEL RESERVATIONS: Reservations may be made by contacting AMA Clinical Meeting Housing Bureau, 6th Floor, Lutheran Brotherhood Bldg., Minneapolis 2, Minn.

PROGRAM: Complete detailed program is listed in the Oct. 25 issue of The Journal of the American Medical Association.

- American Swedish Institute houses vast collection of Swedish literature, paintings, sculpture, cut glass and other art objects.
- Museum of Natural History displays Minnesota's wild life in its natural surroundings.
- Ford dam and lock on Mississippi River.
- Minneapolis Grain Exchange, grain trading pit and largest cash grain market in world.
- Historical Fort Snelling with its famous Round Tower.
- University of Minnesota, fourth largest university in the country. One-hour tours Monday through Friday from 9 a.m. to 4 p.m.

SPECIAL EVENTS: Walker Art Center will have a novel and popular exhibition of useful gifts, a pre-Christmas perennial; a painting show, "Nature in Abstraction"; and an exhibition of sculptures of Paul Manship, besides its permanent displays of early American glass and of jade, noteworthy nationally, and permanent collections of paintings and sculptures.

• Minneapolis Institute of Arts will have on display the Charles Bolles Rogers collection of silver; an exhibition of new acquisitions, and a show of abstract paintings by Cameron Booth.

• Minneapolis Symphony Orchestra, which has attracted music lovers from all parts of the U.S., will play a regular concert Dec. 5.

• Nathan Milstein will appear in violin concert in St. Paul Auditorium, Dec. 4.

• The Flor Chamber Quartet will appear at Macalester College, a few miles into St. Paul, Dec. 2.

• The Apollo Club, nationally-famous men's chorus, will appear in concert Dec. 1-3, with Rosina da Rimini soloist.

SPORTS: United States Nationals, representatives in the Olympics, vs. University of Minnesota hockey team, Dec. 5. Basketball: Southern Methodist vs. Minnesota U., Dec. 2; Iowa State vs. Minnesota, Dec. 5.

TRANSPORTATION: Minneapolis is served by five passenger air carriers (Branniff, Capital, Northwest Orient, Western and North Central) with 69 flights daily at Wold-Chamberlain field; nine railroads (Great Northern, Northern Pacific, Soo Line, Burlington, Milwaukee, North Western among them) 103 trains a day at two depots, three blocks apart. Depots are on the edge of the loop, airport is less than six miles from downtown. Driving to Minneapolis, especially in December, is no problem. City's snow-and-ice combatting facilities are diligent and well-operated.

CITY RULES & LAWS: Minneapolis watches traffic carefully—a 30-mile speed limit is enforced. One-way streets in and out of the loop may require a careful eye on the part of a visiting driver. Only other rule to watch is a 1 a.m. state-imposed closing law for places serving alcoholic beverages. And it's enforced.



MINNEAPOLIS, CAPITAL CITY of the "Land of Skyblue Waters," is host to AMA's Clinical Meeting. This skyline scene is from the east bank of the Mississippi River.

Scientific Highlights

Highlights of the scientific program include:

• Breakfast meetings Dec. 4. Attendance limited to 30 each. Tickets on sale at registration area, auditorium.

Some of the topics: Obstetrical emergencies, cancer detection in the doctor's office, current trends in legal medicine, infant resuscitation.

• Informal panel discussion. Registrants will have chances to ask questions, get answers from experts.

Subjects include: Use of diuretics in the edematous state, long-term anticoagulant therapy, use and abuse of antibiotics, hazard versus diagnostic yield in radiologic procedures, what cardiac lesions are amenable to surgery.

• Entertainment highlights will include a jazz concert by Doc Evans and his Dixieland band and a concert by the Apollo Club, well-known Minneapolis chorus.



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THE AMA NEWS

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Editorial Viewpoint

Community Service

Word has come via the medical grapevine that some physicians believe it is "unethical" or contrary to the thinking of the American Medical Association to join groups such as the Chamber of Commerce.

Far from being "unethical," membership and active participation in such organizations actually is a professional responsibility of every physician.

The medical profession has come to realize that its obligations for health and welfare extend far beyond the medical office and hospital into the community itself. Today the concept of health is so broad that it encompasses housing, nutrition, recreation, working conditions—the whole environment of daily life.

The AMA recently has been intensifying its efforts to encourage physicians to play more active community roles. Testimony to the fact that the campaign is beginning to show results was a recent survey in Fulton County (Atlanta), Ga., which revealed that 360 member-physicians were engaged in 1,431 citizenship activities—an average of four organizational memberships a man. In Atlanta, 83 physicians are Chamber of Commerce members and one has served as local president.

In Indianapolis, a recent Chamber membership campaign netted 24 more physician members, bringing total medical representation locally to 80. One county society in Pennsylvania reports 100% Chamber membership.

Though the AMA and the Chamber of Commerce of the U.S. work together at the national level, both organizations know that community betterment projects are most effective when carried on locally. Both groups believe that "a partnership of leadership" will help solve many community problems.

It is clearly spelled out in the revised Principles of Medical Ethics that a physician's responsibilities extend to society and to support and participation in activities aimed at improving both health and well-being.

Every now and then it's time we remind ourselves that a physician is first a citizen, second a professional man.

The Golden Age

Elsewhere in this issue is the dramatic story of a decade of medical progress. Some call it "the golden age of medicine."

It's a story of lives saved—1.2 million in America alone—because of new treatments. It lists such noteworthy achievements as antibiotics, Salk Vaccine, open heart surgery—to name a few. On the economic side, the article cites the growth of voluntary health insurance which now covers some 123 million in the U. S.

This march of medicine in the past 10 years has helped to raise the life expectancy of Americans from 65 to a shade over 70.

Many of these medical advances have come about largely because physicians and scientists have been permitted to work in an atmosphere of free enterprise, incentive, and opportunity. Free practice of medicine has enabled America's physicians to provide the highest quality of medical care in the world. And as long as this freedom prevails, the U. S. will remain a healthy nation.

Nothing Serious

- Hollywood is a place where they put beautiful frames in pictures.

- Many people get credit for being cheerful when actually they're just proud of their teeth.

- Fun is like insurance. The older you get the more it costs.

- Most people can drink just as well sitting down as they can standing up. But few people can stand up as well after they have been drinking sitting down as they can sit down after drinking standing up.

The Launching Pad



As I See It

Doctor's House Calls

The young doctor remarked, with an air of superiority and the implication that it gave him a certain distinction, "I don't make house calls." After the first reaction of annoyance, a feeling of sadness for this young man crept over me. He was missing so much that was lovable; so much that was exciting; so much important experience that would make him a better doctor in later years.

There is no situation where a doctor's services are more appreciated and more anxiously awaited than in the home. When a doctor enters a home, he is sometimes acquainted with some of the most intimate details of the family life. The realization that this trust has been put in him and the responsibility to preserve the patient's confidence is one of the most ennobling influences in the practice of medicine.

Most of the time the medical problem presented in a house call is not too difficult, but not always. The doctor may find himself suddenly faced with a situation that calls on all of his knowledge of physiology, chemistry, and anatomy. Being without the aid of an x-ray and laboratory, he must rely on his skill in physical diagnosis and his knowledge until the other aids can be brought into play. His poise, resourcefulness, and basic knowledge may be the difference between life and death for the patient.

There is no question that a patient can be examined more carefully and better in the doctor's office where he has the proper table, instruments, and laboratory. In this day when there is a scarcity of doctors . . . it is wise to have patients come to the office so the doctor can see more patients during the working day. The public can be trained to accept this point of view and I believe that it is generally being appreciated more.

On the other hand, there will still be occasion when the patient must be seen in the home. An experienced doctor can sometimes appraise the situation in a telephone conversation and make suggestions that will tide the patient over until he can come to the office. In such instances the doctor is often left with a small germ of worry that he may have overlooked something. To be able to accept and shoulder this worry is one of the burdens that we acquire when we become members of this wonderful profession.

One of the most trying patients is the one who regularly asks you to make a house call on your afternoon off . . . It takes the greatest self-control to accept the fact that a mental aberration probably exists and to make the call gracefully . . .

Finally, I feel that we should realize that the house call, as troublesome as it may be, is an institution that fixes us more securely in the public esteem than any other, and the physician who refuses to make them even in emergency situations does us harm. This and other causes may lead us to some type of state-controlled medicine.—Edgar G. Givhan, Jr., Birmingham, Ala., in J.M.A. Alabama.

As Others See It

TV or Not TV

Cleveland Plain Dealer

It has already been noted that an agreement has been worked out between television networks and medical organizations which will ban the use of professional actors appearing as doctors in commercials after next January 1.

Now the medical organizations are unhappy again; in the past month, according to the New York Times, three young physicians have reported to the New York County Medical Society that they were asked to "go on television" by making filmed commercials for proprietary remedies.

In an editorial in "New York Medicine," official publication of the society, doctors were urged to think twice before agreeing to make commercials. And, indeed, the editorial makes a lot of sense with these questions:

"Should any physician make his reputation as a pitchman and a substitute for a professional actor? Should not an MD make his effort in the practice of medicine and not in advertising? When a doctor finds himself out in Madison Avenue when his television contract expires how can he regain his reputation as a practicing physician?"

The reason physicians are held in such high esteem is because of the contribution they make to suffering humanity. We cannot help but agree wholeheartedly with the medical society that physicians should continue with their God-given profession—and let somebody else peddle the patent medicines!

Quotes

Dr. Russel V. Lee, Palo Alto, Calif.: "Setting up standards of medical care which, when applied, will get rid of the incompetents in medicine is vitally needed for the profession and the public."

John T. Connor, president of Merck & Co.: "A major breakthrough on cancer or cardio-vascular diseases, which will come, I am convinced, only through greater emphasis on basic research, could raise our life expectancy to 75 in almost one giant leap."

Plato: "The great error of our day in the treatment of the human body is that physicians separate the soul from the body."

Dr. William C. Menninger, Topeka, Kan.: "From 60% to 80% of all dismissals in industry are due to social incompetence and only about 20% to 40% to technical incompetence."

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Medicolegal

Acts of Others May Cost M.D.

The physician is far from being an island to himself in legal matters.

In addition to being responsible for his own acts, a doctor may also be liable for the negligent acts and omissions of his agents, assistants, and employees during the course of their employment.

A physician, who is a member of a medical partnership, is responsible not only for his own acts but also for the negligent professional acts of his partners. Furthermore, he may be liable for the negligent acts of agents and employees of the partnership performed in the course of their employment.

Physician Responsible: Interns, nurses and orderlies are generally considered to be the servants of the hospital in which they are employed. However, a physician may become responsible for the acts of such hospital employees when they are carried out under his immediate direction and control.

If a physician writes an erroneous prescription which results in injury or death of his patient, he is liable and the pharmacist may also be guilty of negligence.

When a doctor telephones a prescription which is improperly filled because the directions were misunderstood, the physician may be liable for damages which result.

Therefore, when giving verbal orders for a prescription, the physician should make certain that his directions are clearly understood.

A doctor is not responsible for the negligence of a pharmacist who makes a mistake while preparing a properly written prescription.

Qualified Substitute: If a physician is unable to attend a patient and sends a colleague as a substitute, he might be held liable for the negligence of the colleague.

However, the recommendation of another physician, whom the patient is free to accept or reject, will not ordinarily result in liability.

Genetics Work Wins '58 Prize

The 1958 Nobel prize for medicine was awarded to three Americans for their work in genetics which could have a strong bearing on cancer research.

The winners were:

• Dr. Joshua Lederberg, 33, chairman of the medical genetics department at the University of Wisconsin, who gets half of the \$41,420 prize money. He went to Wisconsin in 1948 after getting his doctorate in genetics at Yale.

• Dr. Edward Lawrie Tatum, 48, of the Rockefeller Institute for Medical Research, New York. His doctorate in biochemistry was granted by Wisconsin U. Dr. Tatum worked with Dr. Lederberg when the latter was an undergraduate.

• Dr. George Wells Beadle, 55, of the William G. Kerckhoff Laboratories of the Biological Sciences at the California Institute of Technology, Pasadena. Dr. Beadle, who received his doctorate in genetics from Cornell University, now is Eastman Visiting Professor at Oxford University, England.

Dr. Beadle and Dr. Tatum, who will share half of the prize money, were cited by the Nobel committee "for their discovery that genes act by regulating specific chemical processes."

Dr. Lederberg was honored "for his discoveries concerning genetic recombination and the organization of the genetic material of bacteria."

Mental Health

Concept and Cost Are Analyzed

Mental health, insufficiently defined as the absence of mental disease, probably should be viewed as varying with time, place, culture, and mental capacities of individuals.

The cost of mental illness in the United States is more than \$2.4 billion a year.

These are the dominant points in the first two volumes to be published by the Joint Commission on Mental Illness and Health, a group of 37 voluntary and government agencies making a three-year study of mental health.

The first book, *Current Concepts of Mental Health*, was written by Marie Jahoda, Ph.D., of London, England, recently professor of social psychology at New York University. It attempts to clear the air for the ten-volume series by defining the term "mental health."

The second book, *Economics of Mental Illness*, by Rashi Fein, Ph.D., associate professor of economics at North Carolina University, points the way to the answers to questions on the cost of mental illness.

Six Approaches: In rejecting both "absence of mental disease" and "normality" as satisfactory definitions of mental health, Dr. Jahoda offers six approaches to a more positive definition:

- Attitudes of the individual toward himself.
- Degree to which person realizes his potentialities through action.
- Unification of function in the individual's personality.
- Individual's degree of independence of social influences.

Problems of Insuring Aged Are Discussed

Members of the AMA Council on Medical Service met with health insurance representatives recently in Chicago to discuss problems of insuring senior citizens.

One of the prime topics of discussion was a method whereby medical and hospital coverage for senior citizens might become paid up for life by payment of necessary premiums by, or prior to, age 65.

Representatives of insurance and prepayment organizations — Blue Shield, Blue Cross, Health Insurance Council—and the AMA group also reviewed their past activities as well as future plans.



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Clinician's Viewpoint

The last chapter of *Current Concepts of Mental Health*, by Marie Jahoda, Ph.D., is written by Dr. Walter E. Barton, Boston psychiatrist, who presents the "Viewpoint of a Clinician."

He takes issue with Dr. Jahoda's assertion that "the absence of illness and the presence of health overlap but do not coincide."

Dr. Barton, a member of Dr. Jahoda's advisory panel, writes that the physician "sees health as the objective in the prevention, cure, or management of disease to the extent that he can help the individual avoid it, recover from it, or compensate for it."

He believes most patients feel that "if they are not sick, they are well."

And he concludes that "mental illness is the primary threat to positive psychological health."

- How the individual sees the world around him.

- Ability to take life as it comes and master it.

Dr. Jahoda submits a minimum definition, compatible in American culture with most mental health concepts: "An individual should be able to stand on his own feet without making undue demands or impositions on others." But she points out:

"Perhaps it would be best to conclude that there are various types of mental health and that multiple standards can be applied to each. The genius and the moron and the average man may each have his own type of mental health."

Direct and Indirect: Dr. Fein estimates the direct costs of mental illness, the actual expenditures for care and research, at more than \$1.7 billion a year. He specifies that this is a low estimate.

He reports that patients in mental hospitals in one year lose 325,000 labor-force years with a value of more than \$728 million. This is the indirect cost, with the greatest loss centered in the age group 25-34.

The total of \$2.4 billion does not include private medical costs other

than full-time private psychiatric costs. Certain unreported items, as well as costs that cannot be estimated, are not included in the total.

Dr. Fein makes no attempt to tell legislatures where to find the money to meet this need, but suggests that the public can afford to spend whatever it desires to spend. It is a matter of tax rates and values. He writes:

"All that is necessary in order to spend more on one thing is that we spend less on something else."

Lasting Value: Dr. Jack R. Ewalt, director of the commission, writes that "the essential value of Dr. Fein's study is to provide sound methods of computing the costs of mental illness. On this basis, his report should be of lasting value."

The commission, reporting to Congress and state governors as provided by the Mental Health Study Act of 1955, will complete its work next year with findings and recommendations for a national mental health program.

The ten reports are being published by Basic Books, Inc. The study is financed by grants from the National Institute of Mental Health and private groups. Organizations participating on the commission are:

American Academy of Neurology, American Academy of Pediatrics, American Assn. for the Advancement of Science, American Assn. of Mental Deficiency, American Assn. of Psychiatric Clinics for Children, American College of Chest Physicians, American Hospital Assn., American Legion, American Medical Association, American Nurses Assn. and The National League for Nursing, American Occupational Therapy Assn., American Orthopsychiatric Assn., American Personnel and Guidance Assn., American Psychiatric Assn., American Psychoanalytic Assn., American Psychological Assn., American Public Health Assn., American Public Welfare Assn., Assn. for Physical and Mental Rehabilitation, Assn. of American Medical Colleges, Assn. of State and Territorial Health Officers, Catholic Hospital Assn., Central Inspection Board, American Psychiatric Assn., Children's Bureau of Department of Health, Education and Welfare, Council of State Governments, Department of Defense, National Assn. for Mental Health, National Assn. of Social Workers, National Committee Against Mental Illness, National Education Assn., National Institute of Mental Health, National Medical Assn., National Rehabilitation Assn., Office of Vocational Rehabilitation, U. S. Department of Justice, Veterans Administration.

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Scanning the News

Medico Volunteers: Seven medical and surgical specialists from Johns Hopkins University School of Medicine are enroute to Near East to perform critical operations and other urgent medical services in Arab refugee camps in Lebanon, Syria, Jordan, and Egypt's Gaza Strip. It is the first time a private, non-government group has made such services available free of charge to United Nations Relief and Works Agency. The team, sponsored by Medical International Cooperation, will return Dec. 21.

Radar Study: A four-year study of persons exposed to radar turns up no evidence of any effect on health or fertility from the beams.

Soviet Vaccine: Soviet scientists and physicians report they have successfully tested a polio vaccine—patterned after the U.S. Salk vaccine. The medical newspaper *Meditsinski Rabotnik* said the vaccine had been made "according to Salk's method."

Eye Bank: Mrs. Caroline Gannett has disclosed that two college students were benefitted by the corneas from the eyes of her late husband, Frank Gannett, prominent newspaper publisher. Both she and Mr. Gannett pledged two years ago to donate their eyes to the Rochester, N.Y. Eye Bank.

Plea for MDs: Communist East Germany is virtually begging hundreds of its doctors who have fled westward to return to their practices in the satellite union. Nearly 500 physicians have fled the satellite since Jan. 1 because of political interference in their professional and private lives.

Lab Flies: Houseflies, of the type you swat during summer, now are being reared in large numbers for laboratory use to help speed testing of drugs that may prove effective in controlling cancer. The flies, physiologically similar to higher animals in many ways, have a life cycle of a little more than two weeks—providing quicker results in tests of growth-inhibiting or anticancer compounds.

Survival Record: A baby girl in Galton, O. (Terry Lynn Spencer) survived and regained her health despite being abandoned in a basement immediately after birth and left there for eight days without food or water. Dr. William C. Manthey attributed baby's survival to coolness of the basement which slowed down her metabolism.

Odd Source: One of the rarest coins in the collection of Dr. James M. Young, Gaza, Egypt, came from an odd source. It's a Saudi Arabian issue that the M.D. extracted from the stomach of an Arab boy.

Circular Hospital: A new hospital, of circular construction, is nearing completion in Brookline, Mass. Circular concept offers greater efficiency by having service equipment at the core of the building.

Maternal Stress: Dr. Lyndon A. Peer, Newark, N.J. surgeon, says maternal stress during pregnancy probably causes more birth defects than heredity. He said three out of four infants born with cleft lip or palate were victims of pre-birth stresses on mother. Possible stresses include: insufficient oxygen, exposure to x-ray, vitamin deficiency, virus infection, and overproduction of cortisone, an adrenal gland hormone.

On the Legislative Front

FEDERAL SPENDING for all health programs supervised by U.S. Government this fiscal year is setting a new record. Total will exceed \$2.8 billion or at least \$344.7 million more than last year. Fiscal year ends June 30, 1959. Government is spending about 62.6% more than it did five years ago, 13.5% more than last year. Programs in 22 separate agencies and departments of government range from cancer research to federal employee clinics. AMA's Washington Office, which annually compiles the Federal medical-health spending summary, reports "agencies and the Bureau of the Budget now are working on requests to be presented to Congress in January, and there is little question that the bills, when finally enacted next year, will set another new high for medical spending."

The medical-health budgets: (First figure is for fiscal 1959, figure in parenthesis is for fiscal 1958)

Department of Health, Education, and Welfare \$1,116,207,806 (\$849,395,800); Veterans Administration \$843,524,000 (\$849,374,000); Department of Defense \$751,115,000 (\$702,305,000); Atomic Energy Commission \$45,462,000 (\$40,085,000); International Cooperation Admin. \$39,600,000 (\$37,300,000); Department of State \$21,638,380 (\$15,718,110); National Science Foundation \$19,575,000 (\$7,500,000); Office of Civil and Defense Mobilization \$13,617,000 (\$3,177,000*); Federal Employees Health Programs \$11 million (\$10 million); Department of Labor \$8,827,000 (\$8,069,476); Panama Canal Co. and Panama Canal Zone Gov. \$3,959,900 (\$5,988,300); Department of Treasury \$3,854,500 (\$3,837,850); Department of Justice \$2,105,000 (\$1,796,000); District of Columbia \$2 million (\$3,700,000); Federal Trade Commission \$1.6 million (\$1.5 million); Department of Commerce \$1,212,400 (\$911,300); Civil Service Commission \$426,000 (\$387,000); President's Commission for Employment of Physically Handicapped \$214,700 (\$182,575); Small Business Administration \$150,000 (\$70,000); Department of Interior \$140,000 (\$154,950); National Advisory Committee to Selective Service \$19,000 (\$19,000); Office of the Attending Physician of Congress \$13,145 (\$12,145). Totals: \$2,886,260,831 (\$2,541,483,506).

*Figure for fiscal 1958 is the appropriations of the Federal Civil Defense Administration and the Office of Defense Mobilization; now combined in the Office of Civil and Defense Mobilization.

CIVIL AERONAUTICS BOARD is prepared to change commercial flight rules to permit unscheduled stops in order to provide air transportation for persons in need of emergency medical treatment. A physician would have to certify need for treatment. Present regulations prohibit some carriers from engaging in local air transportation between certain points on their routes. CAB has announced proposed rule change in the Federal Register, but must first receive comments on proposal before making it final.

OFFICE FOR DEPENDENTS' Medical Care gave this explanation for eligibility status of dependents who reside apart from their sponsors at the time medical care begins, but rejoin sponsor after completion of treatment: "As a general rule, such care may be continued (from civilian sources) without a medicare permit." Readmission to a hospital is authorized within 14 days following discharge without a permit. In a maternity case, the wife rejoining her spouse during treatment is not eligible for continued civilian care (without a permit) if she changes her physician for any reason other than death or illness of the doctor.

WHEN THE MODIFIED Medicare

program went into effect Oct. 1, Arizona Medical Assn., Inc. directed its members to render services to eligible military dependents only if authorization for the specific care required was certified by the military. (AMA News, Oct. 20). Later the association invited Gen. Floyd L. Wergeland, director of Medicare, to speak before its group. After the general pleaded for more time to give the modified program a trial, Arizona physicians agreed to defer insisting on military certification. The Arizona Assn. will give the modified program a trial until Feb. 1 when its contract comes up for renegotiation. At that time, Arizona doctors will decide whether to continue with the program or drop it.

THE POST OF Civil Air Surgeon has been proposed by Federal Aviation Administrator E. R. Quesada. Long urged by the American Medical Association, the post would assure new status for civilian aviation medicine within the recently created Federal Aviation Agency. The position, which will pay between \$17,500 and \$19,500, calls for a physician with certification by American Board of Preventive Medicine in aviation medicine, or certification in a related specialty with suitable experience in the field of aviation medicine. FAA has set no age restriction but physical and mental agility and vigor will be required. Responsibilities of air surgeon:

- Establish minimum standards of mental and physical fitness for flight personnel, air traffic controllers and other personnel.
- Provide medical examinations for such personnel.
- Provide inspection and appraisal of examiner facilities to insure proper assessment of physical fitness.
- Promote training activities for medical examiners.
- Encourage research in aviation medicine.
- Develop and conduct internal health medical programs for FAA employees.

HEALTH, EDUCATION and Welfare Assistant Secretary Elliot Richardson sees increased pressure on the government for action on health care of the aged. In a recent address, Richardson warned: "Unless private, voluntary or local solutions to these and similar problems are found, the pressure for action at higher levels of government will continue to mount."

Salk Vaccine Program Lags

The nation has failed to make much progress toward 100% participation in the Salk vaccination program during 1958—first year in which there was no shortage of the vaccine in any area of the U.S.

This was the conclusion of Arthur S. Flemming, U.S. Secretary of Health, Education and Welfare, and Dr. Leroy E. Burney, Surgeon-General, following an analysis of this year's national experience with poliomyelitis.

Secretary Flemming said of 416 children stricken with paralytic polio during the first nine months of this year, four out of every five had received no vaccine. Throughout the country less than half of all children under five have had three injections, he said. Of the total population under 40, about 53% have not had the basic three injections—more than one-third have had no vaccine at all.

Ample federal funds and excellent cooperation by AMA, practicing physicians and private organizations make it hard to understand why so many people have not had the injections, Secretary Flemming said.

Radio And TV Notes

The following programs are of special interest to physicians:

Nov. 19—Today. Third in a series of reports on mental health problems is entitled *A Primer on the Brain*. NBC-TV 7-9 a.m. EST.

Nov. 23—The Strange Case of the Cosmic Rays, second of a series of science programs presented by Bell Telephone companies. NBC-TV 6-7 p.m. EST. Color.

Someone once complained that at Christmas time Miami Beach blooms with kids . . . as if 10,000 rooms full of pregnant women suddenly gave birth to children, from tots to teens. Far from sympathizing with such a sourpuss, we go out of our way at *The Saxony* to make the season even more attractive for parents with their children. You have all too little time to be with your children, to guide and help them; even more infrequent are your chances to enjoy a relaxing holiday with your family. That's why Christmas in Miami Beach is so precious to you . . . and anything that is desirable for you is important to us.

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Stress Takes Center Stage

Serum cholesterol levels, fats—saturated or not—and fatty lipids slipped almost out of sight at the meeting in San Francisco of the American Heart Association.

The influence of diet on atherosclerosis has dominated cardiovascular thinking and research for a number of years. Not so, this year. This time it was emotional stress that took center stage, with cholesterol and fats now only in the supporting cast.

For instance, these were some of the reports which drew interest from the 2,500 physicians at the meeting:

• Dr. Dale Groom, Medical College of South Carolina, described comparative conditions of the coronary arteries and aortas of 139 South Carolina Negroes and 128 Negroes from Haiti, all autopsied after they died of unselected diseases. Atherosclerosis was twice as bad in the coronary arteries of the American Negroes; there was no difference in the fatty deposits in the aortas. Dr. Groom's conclusion: The difference can be blamed on the "stressful American way of life," not on the richer American diet. If it was diet, he suggested there would be a similar difference in the aortas.

• One hundred post-coronary occlusion patients were compared with 100 normal men, matched for age, occupation, etc., by Dr. Henry I. Russek, consultant in cardiovascular research in the U. S. Public Health Hospital on Staten Island. He found victims of myocardial infarctions were almost five times as likely to have a personality marked by aggression, ambition, a tendency to over-work, and great emotional drive.

• Dr. Meyer Friedman, San Francisco's Mount Zion Hospital, offered similar evidence, adding what he called strong indications that diet is the underlying pre-condition, stress the triggering mechanism in atherosclerosis.

He picked for study three groups of men: 1) 83 judged by their co-workers and by a series of personality tests and observations to be hard-driving, heavily stressed, and plagued by deadlines (including city and managing editors of daily papers, advertising account executives, etc.); 2) 83 ambitionless, non-competitive and easy-going types (mostly city employees and members of a professional embalmers union); 3) 46 unemployed blind men. This last group was selected to pin-point Dr. Friedman's contention that the driving sort of emotional stress (lacking in the blind men) which triggers artery disease differs from worry and anxiety (prominent in the jobless blind). Major results in the three groups after a year of study and periodic tests: in group one there were 23 (28%) men with clinically provable atherosclerosis, including 8 with actual infarcts (4 of whom had not known they'd had heart attacks); there were only 3 (3.6%) men in group two with coronary disease; among the blind there were 2 cases.

The AHA's policy-making assembly voted down a resolution which would have required all Heart locals now affiliated with United Fund drives to leave them by 1960. Instead the assembly voted to renew its previous stand that no chapters may join federated funds; that those chapters which still belong should leave when they wish, and meanwhile insist on their rights to conduct individual campaigns when they fail to get what they need from United Fund.

The AHA installed as its president Dr. Francis L. Chamberlain, of San Francisco, named as its president-elect Dr. A. Carlton Ernstene, of the Cleveland Clinic, gave its 1958 Lasker Award to Dr. Irvine H. Page, of Cleveland (for his basic work in hypertension), and presented Gold Heart Awards to Dr. E. Cowles Andrus of Johns Hopkins, William F. Hamilton, Ph.D., Medical College of Georgia physiologist, and comedian Jack Benny, who will be 1959 chairman of the Heart Sunday volunteers.

School Gains

With an enrollment of 250 physicians from all parts of the world, the University of Pennsylvania Graduate School of Medicine 1958-59 class is the largest in recent years—25% increase in number of students over last year.

Dangers of Farm Work Outlined for Heart Group

A farmer chasing a hog on a hot day.

That, according to W. H. M. Morris, Ph.D., Purdue University, combines in one convenient word picture the major factors that lead to coronary heart attacks on the farm: heat, over-work, and emotional stress.

"There's the heat of the sun," Dr. Morris said at the American Heart Assn. meeting in San Francisco. "There's the metabolic heat produced by physical activity, and there's the mental stress produced by that damned recalcitrant hog."

Dr. Morris had a suggestion for farmers with cardiac disease: "Let a machine do it."

Dr. Lewis E. January, University of Iowa, reported on a study of the farm population of an Iowa county (8,000 farm workers on 2,000 farms). Among these were 46 persons with known or unsuspected heart disease. Two-thirds were "significantly disabled," with five forced to retire, another five sought other employment, the rest cut their work loads.

Those who remained on the farm were checked two years later. Four were improved, two had died of second coronary occlusions, there was no aggravation of the heart disease in the remainder, who had followed instructions to mechanize, cut their work loads, or otherwise escape hogs on hot days.



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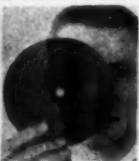
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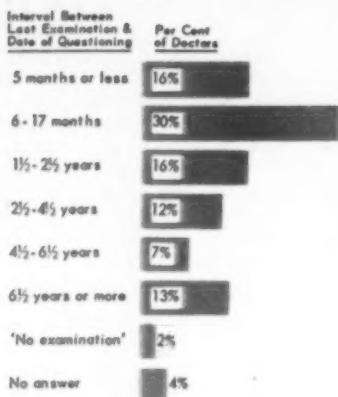
The American physician works much harder than the average person—and plays far less.

Half the doctors average a work week of 50 hours or longer. In fact, 13% work 60 to 64 hours and 6% work 80 hours or more. About 60% spend less than 10 hours a week on recreation, and of the 37% who pursue hobbies, half-spend four hours or less a week on these diversions.

These and other interesting facts came to light in a survey conducted by Parke, Davis and Co. The survey, both the largest and most recent of its kind, was conducted among more than 9,000 practicing physicians under 65 engaged in private practice in this country.

Little Play: Doctors' vacations, too, tend to be inadequate. One out of 20 physicians reported they took no time off for vacations during the year, and more than one in 10 took only a week or less.

But despite his crowded working schedule, the physician loses less time from work due to illness than the average man. Two-thirds of the doctors reported no time lost from work last year. The remaining third reported an average time of 3.8 days lost due to illness as against 7.4 days of work-loss by the average American man.



HOW OFTEN do physicians have physical examinations? Less than half of the 9,396 doctors surveyed had had physical examinations within the past 18 months. Another 20% admitted that more than four years had elapsed since their last checkup.

Heart disease, sometimes called the doctor's disease, appears to be the leading mortality risk among U.S. physicians. Of causes of death reported among 2,700 doctors from July 1, 1957 to June 30, 1958, heart disease was the single or contributory cause of 50%.

Highest death rates from coronary heart disease among physicians occur

from the ages of 60 to 64. In the under 45 age group, automobile accidents ranked first as a contributory cause of death in the study, accounting for more than 40%.

Face Hazards: The practice of medicine poses occupational hazards, the survey reveals. Illnesses resulting directly from their practice attacked one-tenth of the physicians in the study during the past three years. Of these, three-fourths were laid low by infections and more than one-fifth developed allergic dermatitis or other forms of allergies. One in 30 with work-related illnesses was injured by over-exposure to radiation.

Does illness vary with the type of practice? Pediatricians are more prone to infectious diseases than their colleagues, and the risk of radiation injuries is greater among radiologists than other members of the profession.

Infectious and parasitic diseases are the commonest ailments among doctors. In the Parke, Davis and Co. study they afflicted approximately 30% of all physicians reporting illness during the past five years. Cardiovascular diseases were the second commonest, being reported by about 10%. Accidents and injuries, gastrointestinal disease, and allergy all ranked third, each being reported by about 7%.



DELICATE IVORY FIGURES made by Chinese artists prompted Dr. Joseph G. Preuss, 63, New York City, to take up carving as a hobby. Dr. Preuss, who lived in China for 17 years, relaxes from his busy general practice by indulging in his hobby and recalling happy days spent in the Far East.

Record Consultants Schedule Assembly

The Association of Medical Record Consultants will have its first scientific assembly in Chicago in January 1960.

Stephen S. Henkin, New York, was re-elected president and Gertrude Gunn, Indianapolis, Ind., was elected vice president. Adaline C. Hayden, associate editor, Standard Nomenclature of Diseases and Operations, AMA, was re-elected secretary-treasurer.

Directory Revision

In the 1958 American Medical Directory there appears for the first time an attempt to delineate the type of practice. Categories are provided for "General Practice," "Full-time Specialists," "Part-time Specialists," etc., through 12 categories.

Confusion has been caused by the category referred to on page 9 of the Directory as "FULL TIME HOSPITAL STAFF—T.O.P. 5." Paid house officers who assist in conducting the professional work of the hospital, directly relating to the care and management of patients. In several respects, this wording is unfortunate. Many physicians who should have been classified as "full-time specialists" or "full-time medical school" or under some other classification, have been listed under T.O.P. 5.

A revision has been sent to all the owners of the 1958 Directory, which substitutes the following paragraph for the present T.O.P. 5:

"FULL TIME STAFF IN HOSPITAL—T.O.P. 5. Physicians full-time in hospitals, other than interns and residents; includes many physicians who also could be classified under other T.O.P. categories such as full-time specialists, medical school faculty personnel, research, etc."

ADA Session Held in Dallas

Many patients with chronic disease no longer require hospitalization for dental care as a result of developments in anesthetics and other drugs.

Sterling V. Mead, D.D.S., of Washington, D.C., said in a speech prepared for presentation at the 99th annual session of the American Dental Assn. that dental treatment of such patients now can be a matter of routine in the dentist's office.

Stressing the importance of detailed case histories, he said cooperation between the dentist and the physician is advisable for patients with heart disease, kidney ailments, hyperthyroidism, and other conditions.

Approximately 12,000 dentists attended the four-day ADA session in Dallas.

Doctors Urged To Take New Look at Themselves

Dr. Norton S. Brown, new president of the Medical Society of the County of New York with its some 7,000 members, wants doctors to take a new look at themselves.

In his inaugural address he said a new self-evaluation by the medical profession is needed in "this most critical and changing world."

He asked his colleagues to remember that the practice of medicine today must take into consideration the increasing power and influence of labor unions, hospitals, and insurance plans in health services, the crucial role of the drug manufacturers and the importance of technology in the practice of medicine.

Dr. Brown said he believes that progress by organized medicine has been slow in those fields. He blamed county medical societies for most of the opposition to progress, saying that progressive, objective thinking at national level has not been matched at grass roots.

Specifically, he thinks doctors should snap out of the habit of using slogans—such as third party, freedom of choice, or socialized medicine—to protect their position. Too often, he

said, these are used as straw men in place of logical argument.

What is needed, he indicated, is to think matters through "with our diagnostic objectivity as physicians."

"The changeover from 'medicine' as a private concession operated by doctors, into a 'public utility,' by doctors for society at large, is a mammoth and complicated social change. Our profession should establish its leadership. I believe that in time it will occur."

Accounts Receivable

The country doctor drove up for a house call in a car so old it had running boards. As he got out, a group of youngsters on the corner started making fun of his ancient vehicle.

The doctor looked at them and smiled wryly. "All right, kids," he said, "but at least this car's paid for." He pointed a finger from one to another. "And you're not. And you're not. And you're not."

—Fayette Co. (Pa.) Mirror

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Dramatic Decade in U.S. Medicine

The past 10 years of American medicine have seen dramatic and important progress. Some medical writers have even referred to this period as "the golden age of medicine."

Headlining the breakthroughs are such terms as broad spectrum antibiotics, Salk vaccine, open heart surgery, transplants, radioisotopes, steroids, tranquilizers, and oral anti-diabetics.

These additions to the armament of medical science have helped raise the life expectancy of Americans in the past decade from 65 years to a shade over 70.

It has been estimated that because of new treatments in the past 10 years, more than 1,250,000 Americans, who otherwise would have died, are alive today.

Deaths attributable to common infections in those under 15 years have dropped 80%. Mortality rate from influenza fell 91%, appendicitis 76%, acute rheumatic fever 73%, acute nephritis and other kidney diseases 60%, and maternity deaths more than 50%.

Growth of Health Insurance

Foremost in the socio-economic sphere of medicine has been the phenomenal growth of voluntary health insurance.

According to the Health Insurance Council, some 123 million Americans are protected by hospital expense insurance. This form of coverage doubled in the decade and now covers 70% of the civilian population.

The number of persons protected under surgical expense insurance increased from 36 million to 111 million and those with regular medical expense protection jumped from 12 million to 74 million.

Ten years ago, major medical insurance was born. Today it covers 15 million Americans. The rapidly expanding old-age population is also receiving more consideration by health insurance firms.

Antibiotics Lead

The past decade—in a real sense—has been an age of antibiotics.

In 1947, penicillin came into wide use in the U.S. and many bacterial diseases were overcome.

Shortly afterward, chloramphenicol palmitate was discovered by Dr. P. R. Burkholder of Yale. It proved to be the first of the antibiotics capable of exerting a definitely beneficial effect on the course of typhus and also was effective in other infections caused by Gram-negative rods.

Fast on the heels of this development came chlortetracycline calcium from Lederle Laboratories where the research was headed by Dr. Benjamin M. Duggar. This broad spectrum antibiotic has proved useful in staphylococcal and streptococcal infections.

In 1949, Dr. Selman A. Waksman of Rutgers University announced the discovery of neomycin sulphate. A year later, Dr. A. C. Finlay of Pfizer Research Laboratories introduced oxy-tetracycline.

In 1952, isoniazid, combined with antibiotics, showed better therapy for tuberculosis patients.

An event which well illustrates the changes antibiotics have brought to medicine occurred Dec. 1, 1954. On that day, Trudeau Sanatorium near Saranac Lake, N.Y., the nation's oldest private establishment for treatment of tuberculosis, closed its doors.

The use of antibiotics, however, has

Medical Target

The Next
10 Years

Disease of Aged
Heart Diseases
Cancer
Chronic Ailments

not been without its problems. The build-up of resistance by some organisms has been of great concern. Some physicians caution that more emphasis should be placed on prophylactic methods and precautions against infection.

Salk Vaccine

On April 12, 1955, the report came from Ann Arbor, Michigan:

"Salk polio vaccine is 80 to 90% effective in preventing paralytic polio, 60% effective against type 1 virus, and 90% effective against disease caused by types 2 and 3."

Three years later, the overall success of the vaccine was brought home when the National Foundation for Infantile Paralysis shortened its name to National Foundation and expanded its research program to other diseases.

During this decade, more than 50 new viruses have been isolated and scientists are busy trying to develop vaccines against them. The preparation of such immunologic agents has been greatly extended by the new technique of growing viruses in test tubes which made possible the development of Salk vaccine.

Virologists demonstrated their new skills last year by smothering a threatened influenza epidemic. Cultures of virus strains causing influenza in the Far East were flown to the U.S. and specific vaccines were prepared against the invaders.

Surgery

Today, literally no part of the human body is beyond the reach of the surgeon's healing knife.

Outstanding developments have been open heart operations, the transplanting of human tissues and organs,

and the repairing of damaged arteries with synthetic tubes.

Hand in hand, though less publicized, have been advances in the field of anesthesiology and the introduction of hypothermia.

Because of better anesthesia, surgeons today can do safely many procedures they would not have attempted a decade ago.

The first successful open heart surgery was performed in 1953. The operation, made possible by the development of the heart-lung machine, gave new hope for survival and a normal life to thousands and opened the way for many other investigations of the human body.

In 1956, the first aortic bifurcation graft was performed on an adult male, marking a notable advance against arteriosclerosis.

The first successful transplant of a human kidney from one identical male twin to another was performed in 1954. Since then, similar operations have been done on other identical twins.

Nuclear Medicine

Radioisotopes—a product of the atomic age—have come into increasing use in the past 10 years.

Radioisotopes are being used to obtain clinically valuable information and as sources of either beta or gamma rays for therapy.

In 1951, the first radiopharmaceutical plant was built near the reactor at Oak Ridge, Tenn.

Radioactive cobalt and linear accelerators are being used more and more against cancer. In 1956, a 70 million electron volt synchrotron, the largest x-ray machine in the world designed for cancer treatment, was put into operation.

Steroids

Steroids, which stimulate body glands to produce needed hormones, have seen great development in the past 10 years. Cortisone, ACTH, hydrocortisone, prednisone and other steroids have been used successfully against many illnesses, both as pain relievers and as body regulators.

Tranquilizers

Tranquilizer pills—developed in 1953—have proved to be of great practical value.

They have reduced the bedlam in the lock wards of mental hospitals. They have, more important, provided the first definite clue that mental disease involves some sort of chemical disturbance in the brain.

Coronary Diseases

Progress has been made into the causes of coronary disease—today's number one killer. Important work has pointed the way toward prophylactic measures against this disease. Present conclusion is that the best general approach is avoidance of overweight.

Other Medical Advances

In 1948, Vitamin B-12 was discovered, giving doctors their first effective, specific treatment for pernicious anemia.

Last year, a new pill for diabetes was released for prescription use. The drug has meant an end to insulin injections for some diabetics.

On Jan. 19, 1955, an operation was performed in Philadelphia which was transmitted via color television to more than 150 doctors in Baltimore and Washington. A magnified image of a tissue specimen, removed from the patient, was shown on the screens and a Baltimore pathologist gave his diagnosis.

Last year, tiny electronic aids were introduced to explore chambers of the heart and ventricles of the brain. Electron microscopy in 1956 opened up wide vistas in medical research.

The decade has seen the most important project ever undertaken in the history of American psychiatry. In 1955, Congress passed the Mental Health Study Act which provided funds for a three-year study by the Joint Council on Mental Illness of which the AMA is a member.

Hospitals

There are now 6,818 hospitals in the U.S.—a gain of 658 hospitals in 10 years. Patients cared for by hospitals increased from 16,821,000 in 1948 to 22,993,000 last year.

The Future

Victory over bacterial diseases has been bountiful, but its very magnitude has raised a host of challenges.

Heart and old-age diseases, chronic ailments, and cancer remain as major medical problems.

Chronic diseases dominate the mortality picture today in marked contrast to the situation at the beginning of the century when acute diseases accounted for a big share of the death toll.

Significantly, the problems rising out of a growing old-age population has been labeled the "No. 1 target" of AMA leadership.

The story of the next 10 years of American medicine will be an account of the way this target—despite its tough covering of medical and socio-economic problems—is hit.

Profile of a Physician

By Dr. Julian P. Price, Florence, S. C.

Let me tell you about a man I know. A graduate of one of our leading medical schools, he had completed his internship and residence training and had passed his medical state board examinations.

He felt qualified to practice medicine and opened his office. Soon he was treating patients—but what treatment!

He used no penicillin or broad spectrum antibiotics, he never prescribed antihypertensive or anticoagulant drugs. He never worried about the Rh factor in pregnant women or the need for replacement transfusions in newborn babies.

He did not even consider the use of cortisone in arthritis or nephrosis, and he never thought of treating an allergic condition with antihistamines.

He did not give his young patients tetanus toxoid or polio vaccine, nor did he give his older patients tranquilizing drugs. He made diagnoses of congenital heart disease but he did not advise treatment by surgery.

He cared for patients in the hospital and often he and the hospital both suffered financial loss, yet he never encouraged his patients to buy hospital insurance.

Perhaps you are wondering how any individual of this type could be given his degree in medicine, much less be allowed to take care of the sick. I can assure you that it was both ethical and legal. For the man was I, and the year was 1928. (From a speech at Philadelphia, Oct. 1, 1958)

LETTERS TO THE EDITOR

Rented Cars.

For your information a rented car is available for me at \$165 a month. This does not include gasoline. The above is a total of \$1980 a year that can come off my income tax without the gasoline even being figured in. I cannot take that much off on a car I own per year. Why isn't a rented car a good thing?

WILLIS E. HAMMOND, M.D.

Hamilton, N.Y.

(Editor's Note: Let's have a show of hands. How many physicians rent cars, how many drive their own? What are the advantages and disadvantages of renting vs. driving your own? We'd like to hear from you.)

Readability

If you want your column "On the Legislative Front" read, you can make reading it more easy. The reading experts quoted in the Oct. 20 issue of *The AMA News* will tell you to have the printer set the type in short columns to facilitate reading by scanning.

TOM E. LINSTRUM, M.D.

McKinney, Texas

(Editor's Note: See Legislative Front, and thanks.)

'Sample Buyers'

Apropos of the survey made by Taylor, Haskins, and Lea, Inc., which was reported in *The AMA News*, Oct. 6, I was surprised that no physician made mention of selling his drug samples to "sample buyers." Does this not indicate some degree of bias either in the sample, or in the honesty of the respondents in this survey?

PERRIN H. LONG, M.D.

Brooklyn, N.Y.

(Editor's Note: The detailed report showed that of the 15% of the drug samples discarded on arrival 11% went in the wastebasket, 4% to charity, hospitals, or druggists. Of the 41% that periodically are cleaned out, 9% went to charity or mission, 6% to hospitals, 4% to druggists.)

Correction

An article in *The AMA News* Oct. 20 states the Washington State Medical Assn. House of Delegates adopted a resolution opposing Defense Department action in setting limitations on obligations for civilian medical and hospital care of dependents.

Although such a resolution was introduced at our 1958 convention in Spokane last month, it was defeated by voice vote on the floor of the House of Delegates and therefore was not adopted.

RALPH W. NEILL

Seattle, Wash.

(Editor's Note: Our apologies.)

Time For Action

Your paper, and mine, is an interesting contribution. It presents information to doctors. Specifically, you have articles on FDA problems. I read them and say, "I know it." Why do I not see these same articles in newspapers, on TV, in magazines, where the non-medical people will see it? It is time the AMA woke up and used its power to put teeth into those inadequate laws making 175 million guinea pigs because of the power of the advertising dollar. I will look for results.

H. P. MILLER, M.D.

Newark, N.J.

System Long Needed

The front page contains an article which describes a system of narrowing down the drug identity of the active ingredient in pills. Dr. Hefferren should be commended for the time and effort expended to compile a system such as he has devised. The need for such a system has been long recognized.

ALFRED V. VILLATICO, B.S.M.T.

Providence, R.I.

Radio Service

Please put me on record as 100% in favor of a doctor's radio service.

E. ALAN LARKIN, M.D.

Amenia, N.Y.

The article titled "Doctor's Radio Service Sought" was of particular interest to me. I have a private hospital here in this rural community. For the past few years I have been using a 2-way short wave radio between my car and hospital and its usefulness has been most valuable to me.

D. E. JACKSON, M.D.

Lester, Ala.

Two Lecturers Get Jail Terms

Two elderly health lecturers were sentenced to 120 days each in county jail at Portland, Ore., on charges of practicing medicine without a license.

They were Thomas Habib David, 77, and Leon DeSeblo, 83, both of Sacramento, Calif.

A jury found David guilty. He testified he is licensed in California as a chiropractor. DeSeblo then pleaded guilty.

The two were arrested on complaint of the Oregon Board of Medical Examiners. District Court Judge Richard J. Burke praised the alertness of the board.

Background on the two men, including a conviction of David on an identical charge in California in 1921, was furnished the Board of Medical Examiners by AMA's Bureau of Investigation.

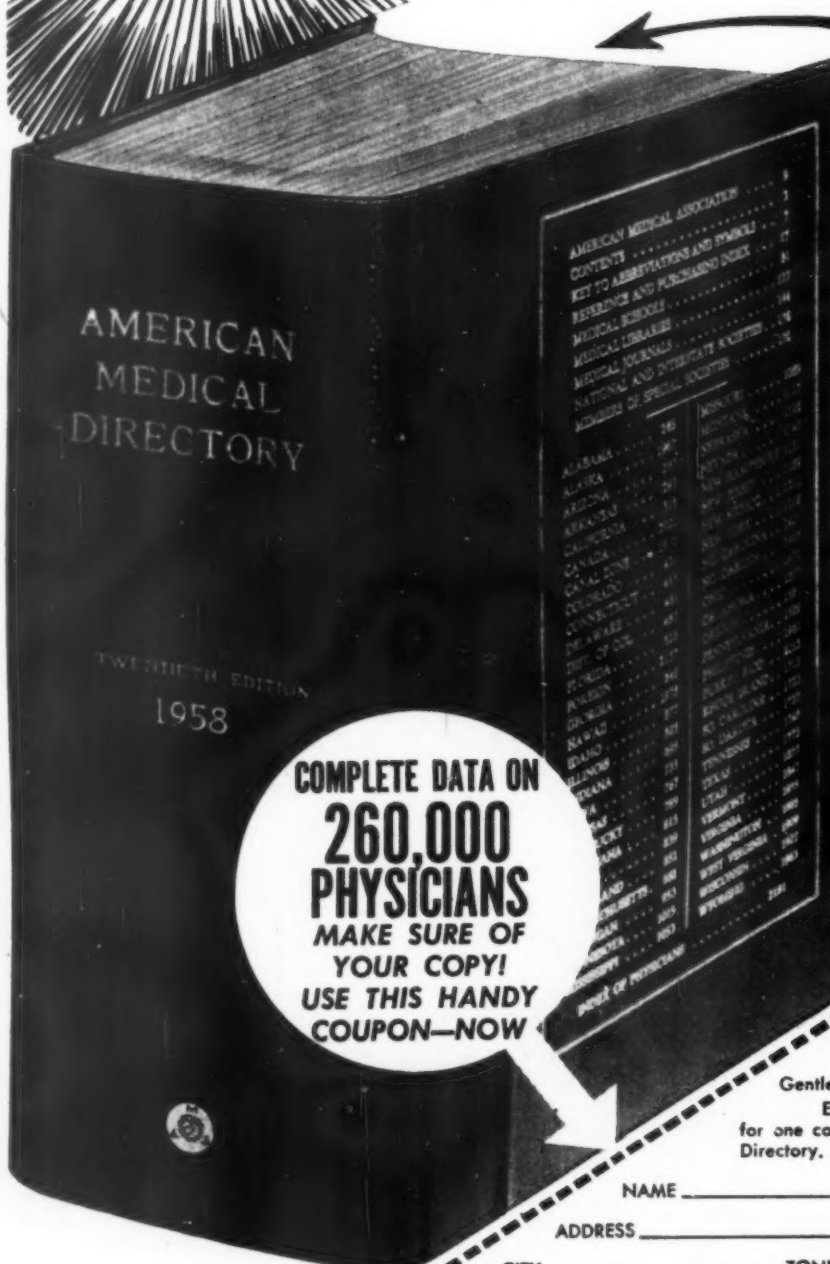


WOMAN'S AUXILIARY to the American Medical Association was cited by the American Cancer Society for its "splendid participation in the American Cancer Society's Program for the control of cancer." Mrs. Frank Castineau, Indianapolis, Auxiliary president-elect, receives the citation from Walter J. Kohler, chairman of the board of directors of the society.

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ABOUT ALL THE
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Enclosed is my remittance of \$_____ for one copy of the 20th Edition of the A.M.A. Directory.

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ADDRESS _____

CITY _____ ZONE _____ STATE _____

Microfilmed Records Save Time and Money

The use of microfilm for preparing monthly statements and a new bookkeeping system have produced savings of some \$4,000 a year for a medical clinic in Naperville, Ill.

Dr. Glenn C. Wolf of the Wolf Medical Group and the clinic's business manager, Dolores Mosher, said the new setup, in handling 1,000 accounts, saved over \$2,000 a year in bookkeeping expenses and nearly \$2,000 in the preparation and mailing of statements.

Dr. Wolf related that while studying a way of introducing microfilming into their office system two years ago, they realized a need for revising their bookkeeping methods.

Colored Copies: First, the clinic adopted a standard business form for controlling patient visits at the reception desk. This charge ticket is a numbered, triplicate, self-carbon form which consists of a white original, a pink copy, and a blue copy.

The set of charge tickets, numbered in sequence, is filled out for every patient visit. The doctor is indicated by circling a number on the form.

The receptionist retains the blue copy as a control and attaches the white and pink copies to the patient's medical history record.

After consultation, the physician enters the charge on the ticket. If the patient wishes to pay part or all of the charge at this time, the receptionist immediately enters the payment on the patient's ledger card. The patient receives the pink copy as well as a receipt.

Charging Procedure: If the patient wishes to charge the call, the receptionist retains the white copy and gives the visitor the pink copy for checking later against his monthly bill.

The receptionist adds the charge to the ledger. Once this has been done, the blue copy is destroyed and the white copy is retained for reference.

The ledger, which is microfilmed to make up the statement, is printed on both sides with enough lines for 26

entries. Usually one card per family is sufficient for a year.

The clinic's bookkeeping machine posts all the charges and payments and was adjusted to make duplicate cash receipt tickets. It also automatically enters the date, the doctor's code number, the service code number, and the account balance.

A carbon roll in the machine keeps a running accounts receivable and cash journal.

Bi-monthly Statements: The cost of the bookkeeping system, other than the accounting machine and the labor to operate it, amounts to \$998.62 annually. However, the system eliminates a full-time clerk, which in Naperville is \$3,000 a year. Dollar gain: \$2,001.38.

The clinic sends out statements on a bi-monthly basis. "A" through "M" are billed on the 10th, and "N" through "Z" on the 25th.

Since the ledger cards have been machine posted every day, no more bookkeeping is required to ready them for microfilming. The ledger cards with payments due are photographed on a Recordak Junior Microfilmer in which documents are laid flat and exposed by pressing two buttons.

The ledger card, bearing the transactions and the patient's name and address, is laid across the blank center area of a paper mask on which clinic information is printed at the top and bottom. A different mask with a new typewritten message and date at the top of the mask is prepared bi-monthly.

Window Envelopes: Microfilming the patient's ledger eliminates the need of preparing and addressing statements by hand. Window envelopes eliminate hand addressing of envelopes.

Microfilming of 1,000 statements is accomplished in two hours by one girl. Formerly, it required four girls two-and-a-half days.

After the microfilming is finished,

so that the 100% objective could be achieved.

Morton D. Miller, chairman of the council and second vice president, Equitable Life Assurance Society, declared the full support of the insurance business was needed in adopting uniform claim forms "if we are to show the type of cooperation the doctors expect of us."

He said discussions with doctors revealed that in health insurance matters, there was "no single problem which troubled them more than the multiplicity and unnecessary complexity of claim forms."

Miller also reported on the activity of the council's state committee program which is aimed at improving communications with doctors and hospitals.

"Many of the committee," he said, "have already made contact with their state and local medical and hospital groups. Generally, they have been extremely well received."

Wolf Medical Group
29 West Fifth Ave.
Naperville, Ill.

Customer Receipt No. 863

Date -7 11
Old Amt. Due 10.00
Amt. Due 7.00
7.00
Amt. Paid
No. 863
7.00
3.00
-7 11 10.00

WOLF MEDICAL GROUP

ACCOUNT NAME *John Doe*

ADDRESS *504 North Main
Naperville, Illinois*

DATE *7-11-58*

CHARGE *10.00*

PAYMENT *7.00*

BALANCE *3.00*

NO. *17951 7-9-57*

CASH RECEIPT (left) AND CHARGE TICKET (right) are integral parts of the bookkeeping system at the Wolf Medical Group. Charge tickets are used for patient control in the clinic and also for showing services and charges. If the patient pays cash, the transaction is posted in a ledger by a bookkeeping machine which also prints duplicate cash receipts.

John Doe
504 North Main
Naperville, Illinois

Date	Dr.	Service	Charge	Paid	Balance Due
7-11-58	H.C.	1	10.00		10.00
7-11-58	H.C.	2	10.00		20.00
7-11-58	H.C.	3	10.00		30.00
7-11-58	H.C.	4	10.00		40.00
7-11-58	H.C.	5	10.00		50.00
7-11-58	H.C.	6	10.00		60.00
7-11-58	H.C.	7	10.00		70.00
7-11-58	H.C.	8	10.00		80.00
7-11-58	H.C.	9	10.00		90.00
7-11-58	H.C.	10	10.00		100.00

WOLF MEDICAL GROUP

John Doe
504 North Main
Naperville, Illinois

Date	Dr.	Service	Charge	Paid	Balance Due
7-11-58	H.C.	1	10.00		10.00
7-11-58	H.C.	2	10.00		20.00
7-11-58	H.C.	3	10.00		30.00
7-11-58	H.C.	4	10.00		40.00
7-11-58	H.C.	5	10.00		50.00
7-11-58	H.C.	6	10.00		60.00
7-11-58	H.C.	7	10.00		70.00
7-11-58	H.C.	8	10.00		80.00
7-11-58	H.C.	9	10.00		90.00
7-11-58	H.C.	10	10.00		100.00

HAND POSTED LEDGER (left) WAS REPLACED by machine posted ledger (right) which has enough lines for 26 entries. Ledger cards are posted every day so there is no more bookkeeping required to ready them for microfilming. The ledger, showing the transactions and the patient's name and address, is the heart of the microfilmed statement.

the film is mailed to the nearest Recordak film laboratory for processing, which in this instance is Chicago.

The film laboratory prints paper facsimiles of the statements and mails them back to the clinic.

The statements, printed on a single sheet, are folded by machine and inserted into window envelopes. A return envelope is enclosed for the convenience of the patient.

Each alphabetic billing group is delivered to the post office on the same day each month so that the patients receive their bills regularly. This, and the convenience of the return envelope, encourages good credit habits.

The yearly cost of microfilming and printing the statements is \$514.68 per 1,000 accounts. However, it saves labor costs of \$2,400. Net dollar gain \$1,885.32.

The clinic also microfilms business records and various charts, reports, and records of patients. Dr. Wolf said:

"In time, we plan to microfilm all

WOLF MEDICAL GROUP

There will be an educational meeting July 22 at 8:00 p.m. The program will consist of a film presentation and discussion of normal childbirth by Dr. Robert Reschke. Please notify the office if you would like to attend.

We are happy to announce that Dr. Robert Oberhelman, Obstetrician and Gynecologist, will join our group August 1. He and his family will make their home in Naperville.

This is your account as of July 30, 1958.

John Doe
504 North Main
Naperville, Illinois

WOLF MEDICAL GROUP
2000

Date	Dr.	Service	Charge	Paid	Balance Due
7-11-58	H.C.	1	10.00		10.00
7-11-58	H.C.	2	10.00		20.00
7-11-58	H.C.	3	10.00		30.00
7-11-58	H.C.	4	10.00		40.00
7-11-58	H.C.	5	10.00		50.00
7-11-58	H.C.	6	10.00		60.00
7-11-58	H.C.	7	10.00		70.00
7-11-58	H.C.	8	10.00		80.00
7-11-58	H.C.	9	10.00		90.00
7-11-58	H.C.	10	10.00		100.00

THE FIRST NUMBER AFTER THE DATE IS THE CODE NUMBER FOR THE DOCTORS, WHICH CODE IS AS FOLLOWS:

GLENN C. WOLF, M.D. 1
ROBERT L. RESCHKE, M.D. 2

THE OTHER CODE NUMBERS ARE AS FOLLOWS:

SPRINTS 10
ANESTHESIA 11
PHYSICIAN 12
NURSE 13
LABORATORY 14
X-RAY 15
DENTAL 16
OTHER 17

STATEMENT IS READY FOR MICROFILMING after the ledger card is laid across the blank center area of a paper mask. Clinic information is printed at the top and bottom of the mask. The microfilm is mailed to a processing laboratory which prints the statements and mails them back to the clinic. They then are ready to be mailed.

of our case histories for protective purposes, for reclaiming storage space, and for keeping filing equipment requirements to a minimum. These records will be stored in our bank vault."

Good News

Paper Work Trimmed

The health insurance business has made rapid progress—and will strive for 100% participation—in the use of uniform claim forms developed to reduce complicated paper work for physicians.

This was the substance of a series of reports at the annual Individual Insurance Forum of the Health Insurance Assn. of America in Chicago.

During the course of a panel discussion, Elmer J. Rasmussen, vice president, Continental Casualty Co., said the uniform forms designed by the Health Insurance Council "are now being used by companies which write over 75% of the accident and sickness insurance in the United States.

Rasmussen said the council is attempting to "convince the remaining companies that they are doing themselves and the industry a great disservice by not using the forms."

He urged immediate participation by companies not yet in the program



HOLLANDALE, WISCONSIN'S DR. STANLEY MARSHALL

PAST PRESIDENT
OF IOWA COUNTY MEDICAL
SOCIETY. PRESIDENT
OF ST. JOSEPH'S HOSPITAL
MEDICAL STAFF
IN DODGEVILLE, WISCONSIN

STARTED AS AN EIGHT YEAR
OLD 'DOCTOR' IN A THIRD GRADE DRAMA
WITH BORROWED BAG & STETHOSCOPE

Men in Medicine

Parade Honors Doctor

The people of Hollandale, Wis., have promised Dr. Stanley Marshall another "day" in another 25 years.

They honored their physician with a parade, gifts and kind words this Summer, marking the 25th anniversary of Dr. Marshall's arrival in the town of 1,000 in southwestern Wisconsin.

Many of the 2,000 babies he brought into the world were present. One who was present had arrived 38 days after Dr. Marshall came to Hollandale in 1933. A baby who arrived only three weeks before the celebration also was present.

Key to City: The physician was given a key to the city, a painting of a farm scene, and other gifts on "Dr. Marshall Day."

One of the floats in the parade in his honor carried these words: "Iowa has the tall corn. Wisconsin has the dairy queens. Kansas has the sunflower. Only Hollandale has Dr. Marshall."

The popular physician was born 52 years ago in Lafayette County, which adjoins Iowa County—site of Hollandale—on the south. He is a general practitioner with a special interest in surgery.

Dr. Marshall played the part of a doctor in a third grade drama when he was eight. A physician lent him a black bag and stethoscope for the role and that started him on his way.

He attended the University of Southern California and Loyola of Chicago. He interned at St. Mary's Hospital, Madison, Wis., and practiced at Tama, Viola, Birchwood, and Augusta, Wis., before going to Hollandale.

Many Activities: Dr. Marshall is immediate past president of the Iowa County Medical Society and president of the St. Joseph's Hospital medical staff in nearby Dodgeville. He also has served as Hollandale's village president.

He is active in Masonry and is a past master of his lodge. His hobbies are flying, horses, fishing, and hunting. He owns three farms and lives on

one of them. He has one son and two grandchildren.

Following "Dr. Marshall Day," during which he was praised as an "honest doctor, one who never overcharges," his fellow townsmen promised they'd repeat the event on the doctor's 50th anniversary in Hollandale.

Staph Training Aids Planned

Nine organizations will be asked to join in an Interagency Committee on Training Aids on Staphylococcal Diseases to review material, coordinate production, and act as a clearing house for the training aids.

Ralph Creer of AMA's Division of Communications was named chairman at a preliminary meeting at AMA headquarters. Other groups represented or to be invited are American Academy of Pediatrics, American College of Surgeons, American Hospital Assn., American Nurses Assn., American Public Health Assn., National League of Nursing, and Communicable Disease Center of the U.S. Public Health Service.

Subjects for movies or other training aids suggested at the Chicago meeting included the prevention and control of infections in nurseries, dressing cart procedures and the movement and sanitation of air in hospitals.

Texas Will Honor Medical Reporter

Texas Medical Assn. has asked for nominations for the 1959 Anson Jones award for distinguished lay medical reporting by Texas newsmen. The \$250 prize and plaque will be presented at the association's annual session in April.

Dr. Anson Jones, last president of the Republic of Texas, was a pioneer in Texas medicine and government.

Radio-TV Pressure Grows For Doctors as Pitchmen

Sitting at the heart of the nation's advertising business and removed just one block from Madison Avenue, the N. Y. County Medical Society in Manhattan has more than its share of pressures on the use of physicians for radio and TV advertising.

Last month the medical society warned its members that some physicians were being approached to do TV commercials for medical proprietary products in an editorial entitled "MD Pitchmen on TV."

It noted that after January 1, 1959, actors in white coats would be barred from patent medicine commercials by agreement between the networks, the AMA and the Federal Communications Commission. It warned doctors they might be subject to ethical violations if they became pitchmen for such advertising.

Newspapers and the trade journals of advertising spread the story across the nation.

The newest action on this front is a switch on the idea. Some doctors of

Ethics Involved

No such case has been presented to AMA's Judicial Council, Dr. Homer L. Pearson Jr., Miami, Fla. chairman, said when contacted by *The AMA News*.

Dr. Pearson expressed amazement at a practice which might easily be held to be a selfish capitalization of an honored profession by one of its members. He pointed out that the principles of medical ethics obligate the physician to uphold the honor and dignity of his profession.

Dr. Pearson also suggested that the practice might be found to be an indirect and unethical solicitation of patients.

"The New York County Medical Society is to be commended for its prompt and proper handling of this matter," Dr. Pearson added.

the New York area are being approached to do commercials for an automobile. The doctors would be introduced by their real names. The price is said to be \$750 per commercial. Those who have seen the script say it starts off with the doctor getting out of bed in his pajamas. The sales pitch goes on from there.

New York Medicine of the Medical Society of the County of New York has in the works some caustic comment on this commercialization of the profession of medicine.

AMEF Expects Banner Year

American Medical Education Foundation expects a banner year with contributions already at \$499,093, compared to \$464,016 at the same period in 1957.

More than 50% of contributions have been received in the final quarter in previous years, John W. Hedback, executive secretary, reported.

Among unusual gifts received the past month were \$2,708 from the Nashville Academy of Medicine and Davidson County (Tenn.) Medical Society, representing proceeds of a polio vaccination program. Alaska Territorial Medical Assn. sent \$1,000 and its Woman's Auxiliary another \$244.50. Doctors of Effingham County, Ill., gave \$500 in addition to gifts through dues.

Statewide mailing for the 1958 campaign has begun in Ohio with more than 10,000 pamphlets distributed among physicians.

Oregon M.D. Honored

Dr. DeNorval Unthank, 59, Portland, was named "Oregon Doctor of the Year" at the 84th annual session of the Oregon State Medical Society at Portland.

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AMA-1117

Diagnosing Investments

Prudence Is Suggested

By Carl Holzheimer*

Recent comments in this column have emphasized constructive possibilities, particularly for the long pull. Two weeks ago we discussed current questions relating to the high price-earnings ratio.

Business improvements, perhaps more powerfully than inflation concepts, are influencing present price levels—and not without reason. The Federal Reserve Board's Index of Industrial Production—which had dropped from its peak of 146 in December of 1956 to 126 in April of this year—has recovered half of the decline, reaching 137 in September. Its further advance can be expected. The past 40 years have shown that once a business recovery gets underway it usually lasts anywhere from 18 to 30 months.



Holzheimer

This column intends to look at a few of the possible negatives. The Federal Reserve Board took up its anti-inflation cudgels early. Margin requirements on stocks have been raised twice, initially from 50% to 70%, two weeks ago from 70% to 90%. The rediscount rate has been increased from 1 1/4% to a recent rate of 2 1/4% and further increases probably will follow soon.

Interest Rates Rise: Free reserves of member banks have been reduced from the \$500 to \$600 million level to approximately zero. These reserves could become minus figures in the near future. Rising interest rates may well spell the end of the upward trend in residential building. They can also have somewhat longer term effect upon the plans of states and municipalities to undertake programs developing an important demand upon the economy.

While unemployment is no longer rising—actually dropping somewhat—it is still an impressive percentage of

the civilian labor force, currently estimated at about 6%.

Defense expenditures, whose sharp increase in the first six months of 1958 had an important bearing upon the business turn-around, will no doubt prove higher in fiscal 1959 than they were in 1958, but it is probable that we have already passed the highest level of new order placement for procurement and production. The rate of placement of such orders in the first half of 1958 appears to have been at an annual rate approximately \$21.5 billion. In the fiscal year which began July 1, the overall rate of order placement is expected to average out at \$17.2 billion.

If residential building is to top out, if the placement of new defense orders is to decline, if inventories will not be aggressively accumulated, if plant and equipment expenditures do not increase and if the Federal Reserve Board retains a tight rein on bank credit, it becomes somewhat difficult to indicate specific factors which will move us dynamically upwards.

Looking at the market from a technical point of view we must note that we have experienced a tremendous "uncorrected" move. It now exceeds 100 points in the Dow-Jones Industrial Average. Historically, such moves are exceptional and in this particular one speculative stocks have led the so-called blue chips for the first time in several years. An average of lower priced so-called speculative stocks such as the Barron's Low-Priced Stock Index rose to new highs before the Dow-Jones Industrial Average.

While these negatives will not have a vital bearing upon the long term trends of either business or investment values, they should temper one's enthusiasm at this moment. There are psychological as well as actual risks suggesting the prudence of withholding enough reserve to make one's position personally comfortable during any uncertainties that may temporarily upset markets. It is not practical to predict such upsets. It is only prudent to be prepared for them.

*Partner, Security Supervisors, Investment Counsel, Chicago.



25 Scientific Films Planned

Twenty-five scientific films will be shown at AMA's Clinical Meeting, Dec. 2-5 at Minneapolis, in addition to a special film symposium on proctology for the general practitioner.

The symposium Dec. 3 will be moderated by Dr. Raymond J. Jackman, Mayo Clinic, Rochester, Minn. A film produced by Dr. Jackman, *Technique of Proctology*, will be shown.

Dr. Malcolm R. Hill, Los Angeles, will show his film, *Anorectal and Sigmoidoscopic Examination*. A film made by Dr. Lawrence Abel, London, England, *Hemorrhoids and the Early Detection of Rectal Cancer*, will complete the special program.

Included in the films to be shown during the day programs are two premiere showings: *Routine Pelvic Examination and Cytologic Method*, by Dr. S. B. Gusberg, New York, produced by the American Cancer Society, and *Fire and Explosion Hazards From Flammable Anesthetics*, by Dr. George J. Thomas, Pittsburgh, produced by the Bureau of Mines, Department of Interior, on a grant from Abbott Laboratories.

Illinois Man Joins Field Service Staff

Richard M. Nelson, Lombard, Ill., joined the staff of AMA's Division of Field Service Nov. 15. Nelson had been on the staff of the American Farm Bureau Federation since July, 1955.

A graduate of University of Michigan, Nelson operated a dairy and general farm for six years.

Action Urged

Travis T. Wallace, president of Health Insurance Assn. of America, has warned that legislation bringing government into the health insurance picture could occur within two years "unless our industry takes united, drastic, and effective action at once."

Wallace urged the following five-point course of action for the insurance business.

- Find ways to provide increasingly adequate coverage for catastrophic losses.
- Cooperate with those who provide health care to see that such care is not priced out of the market.
- Provide health coverage for the lifetime of the insured on a guaranteed renewable, or paid up at 65, basis.
- Find ways of providing and selling adequate protection to the aged and the physically impaired.
- Give immediate consideration to voluntarily surrendering the right to cancel an insurance policy solely because of deterioration of the insured person's health.

Assistants Say News Well Read

Physicians are marking articles in *The AMA News* of interest to their medical assistants and are carrying the papers home for their wives to read, according to members of the American Association of Medical Assistants who visited AMA headquarters during their convention in Chicago.

Out of 274 assistants answering questions about reception of *The AMA News*, 37 said the paper is put in the reception room, 32 doctors take it home for their wives, 54 file it, 63 destroy it after reading it.

The association voted to establish its first national headquarters at 510 N. Dearborn, Chicago, early next year, and elected Mrs. Lucille Swearingen, Bartlesville, Okla., president. Miss Marian Little, Cedar Rapids, Iowa, was named president-elect, and Miss Virginia Dougherty, Yeadon, Pa., vice-president.

New Scholarship Plan Announced

The National Foundation, an expanded outgrowth of the National Foundation for Infantile Paralysis, launched a nationwide, multimillion dollar Health Scholarship Program for Young Americans.

In New York, Basil O'Connor, president of the foundation, said the program represents a "realistic approach" toward the solution of the shortage of health service personnel in the United States. The program is estimated to cost \$12 million in March of Dimes funds in the next 10 years.

O'Connor disclosed:

- The National Foundation will offer a minimum of 505 annual Health Scholarships to help provide college education in medicine, medical social work, nursing, physical therapy, and occupational therapy.

- The foundation's 3,100 chapters will seek and accept applications.

- Each recipient will receive \$500 a year for four years, if scholastic standards are maintained. Money will not be limited to tuition.

Say That Again!

The trouble with a lot of doctors' calls is that the patients act as though they believed the charges should be reversed.

Some patients will accept medical advice from any Tom, Dick or Harry—it's the "Bills" they ignore.

From the length of time it takes some people to pay their bills, they seem to prefer a pay-as-you-grow plan.

PULSE: Weak

Maybe you have an idea that your investment program could be in much better shape—and it probably could!

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School Bus Code Shows Problems

Back to school this fall meant back to work for the Oregon State Medical Society's Committee on Traffic Safety—in its first season of implementing the state's new medical code for school bus drivers.

This meant deciding whether a hernia, for instance, made a man dangerous behind the wheel, what to do about controlled epilepsy, and how to evaluate asthma.

But the committee, led at first by Dr. Arthur A. Fisher of Salem, and now by Dr. Otto C. Page of Portland, had a head start on the problems. They were the ones who—at the request of the Oregon State Board of Health—had drawn up the new code earlier in the year.

Subsequently adopted as a regulation of the state department of motor vehicles, the code is, in effect, the law of the state.

Administering the regulations is proving an arduous task. There are, for example, numerous fine points of medical interpretation to consider. Some of Oregon's answers: hernias are unacceptable until satisfactorily repaired or supported; a heart must show a 10 percent enlargement before it is disqualifying.

Amputees are evaluated on an individual basis, but in general a hook stick is out but a good prosthesis may be accepted. Asthmatics are to be evaluated functionally—if they can run upstairs, they're in!

Considerable resistance has cropped up in communities where the driver may be a retired businessman or some other respected citizen. Some school administrators have expressed the fear that stringent physical requirements for drivers will lead to a recruiting problem.

Florida Names New Director

W. Harold Parham has been named executive director of the Florida Medical Assn.

The association created the new post and discontinued those of managing director and associate managing director.

Parham, 34, has been on the Florida staff for 10 years, serving as supervisor of the bureau of public relations, assistant managing director, and associate managing director.



W. H. Parham

In his new job he will be in charge of management, development, organization, coordination, and implementation of the association's program.

He is a member of AMA's Public Relations Advisory Committee; secretary, Florida Governor's Citizens Medical Committee on Health; executive secretary, Florida Medical Foundation.

Gift for Laboratory

The Pulaski County (Ark.) Medical Society has given \$10,187 to University of Arkansas Medical Center, Little Rock, to establish a virus research laboratory in the proposed new \$2 million Research Wing to be built in the Center.

Seminar, Hunt Combine

A seminar on trauma combined with a pheasant hunting holiday attracted physicians from 11 states to Mitchell, S. D. Forty-two physicians took part in the hunt, bagging 168 pheasants—a full daily limit of four roosters for each doctor.

Drs. Edward K. Connors, Jerome P. Murphy and Thomas R. Simon of Creighton University, Omaha, led meetings on ailments stemming from wounds, injuries, and shock.

Five afternoons of hunting were scheduled, with medical meetings during the mornings and evenings. Pictured with a bag limit of four roosters are Drs. D. W. Darwin, Denver; James McCrory and V. E. Berchtold, Santa Fe, N. M.

John C. Foster, Sioux Falls, executive secretary, S. D. State Medical Assn., arranged the second annual conference-hunt. Each participant paid \$175 which covered room,



meals, license, guides, leased grounds, transportation, processing of birds, and cost of medical program.

Stating It Briefly

Mediation committee of Wayne County (Mich.) Medical Society found that fee complaints are less likely to arise from size of fee than from doctor's failure to explain his services, reports Dr. Luther Leader, Detroit, chairman. . . . New York City doctors, especially women, are warned of mystery telephone calls at night. One woman called to hospital to assist another doctor, found call a hoax. New York County Society warned other societies in city.

Genesee County (Mich.) Medical Society has published a book with suggestions on how to deal with "problem drinker." . . . Dr. H. E. Kasten, Beloit, past president, presented a hard maple tree to Wisconsin State Medical Society which planted it on headquarters ground on shore of Lake Monona, Madison.

Florida Medical Assn. members will have a new kind of membership card in 1959. It'll resemble credit cards, be made of metal with replaceable adhesive strip carrying member's status on back. Cards will be used for registration, badges at meetings.

Surgical instruments used in Germany two centuries ago and brought to U. S. prior to 1836 by Dr. John Peter Mueller have been given to St. Louis, Mo., Medical Society by his granddaughter. Dr. Mueller and his son, Dr. John H. Miller, used them in practice at Hermann and Rolla, Mo. . . . Medical Society of County of Queens (New York) is seeking pay for doctors who do work in clinics and outpatient departments of municipal hospitals.

Ohio Doctors Vote For Social Security

Inclusion in Federal Social Security was favored by 4,095 Ohio physicians recently polled by the Ohio State Medical Society. They represent 45.7% of membership. Voting "no" were 2,737. Ballots were sent 8,960 physicians with 6,832 marked ballots (76%) returned.

Ohio doctors were asked, "Should physicians be included in the Federal Social Security program?" They voted "yes" or "no". Results of the poll, taken at the order of the Ohio House of Delegates, will be transmitted to AMA's House of Delegates at Minneapolis, Dec. 2-5.

AMA Council Meets With Third Parties

A broad range of topics involving physician-patient-plan relationships was discussed at the first of a series of meetings of AMA's Council on Medical Service with representatives of union and consumer-sponsored plans.

The meeting was held in response to a directive of the House of Delegates. Represented at the first meeting were:

United Mine Workers of America Welfare and Retirement Fund; Kaiser Foundation Health Plan; Health Insurance Plan of Greater New York; Group Health Assn., Washington, D.C.; Community Health Assn., Detroit; International Ladies' Garment Workers' Union, New York; Amalgamated Clothing Workers Union, Sidney Hillman Medical Centers, Philadelphia and Rochester; Union Health Service, Inc., Chicago; Amalgamated Meat Cutters Local 88 Medical Institute, St. Louis, and the International Association of Machinists.

Asian Flu Toll Told

Surgeon General Dr. Leroy E. Burney said statisticians estimate that between 30 and 50 million Americans suffered Asian-variety influenza to some degree last flu season, and that the flu hastened the deaths of upwards to 78,000—85% of them over 55.

The head of the U.S. Public Health Service forecast that the flu virus will strike again this fall and winter, but with only one-sixth to one-fifth last year's force. He estimated that the number of cases this season would range between five and 10 million.

The 78,000 deaths, Dr. Burney ex-

plained, is the total of "excess deaths" recorded from September 1957 to March 1958, the period of this country's first encounter with Asian flu.

The term "excess deaths" is used to designate the number of deaths in excess of those of past experiences without the extra health hazard of Asian flu. The victims die of heart, lung or other ills from the added strains of ordinarily non-fatal influenza.

Dr. Burney recommended this year's polyvalent (multiple protective) vaccine for persons of all ages as soon as possible.

TB Group Will Expand Program

The slogan, "The 59ers—Pioneers in Respiratory Diseases," was unveiled in Dayton, O., as 600 delegates from 12 states discussed plans of the National Tuberculosis Assn. to expand its program next year.

Dr. James E. Perkins, NTA managing director, gave the Mississippi Valley Conference on Tuberculosis, these reasons why respiratory diseases seem to be the best field for expansion:

- A careful study of which direction to take has been made over the past several years as the tuberculosis problem has decreased.

- Respiratory diseases are related to TB and thus comprise a "perfectly natural" direction to take.

Honored as 1958 winner of the Dearholt Medal was Dr. Arthur A. Pleyte of Milwaukee. He was cited for having spent almost all of his professional life combating TB.

Dr. Joseph Stocklen of Cleveland was elected president of the conference. Dr. Jesse Stocker of Springfield, Ill. was named president of the Mississippi Valley Trudeau Society, medical division of the conference.

Hospitals Seek Radio Service

The American Hospital Assn. filed a petition before the Federal Communications Commission on Oct. 28 asking it to reserve at least five radio frequencies for hospitals.

The petition stated that hospitals need radio communications "under both daily conditions and disaster conditions."

It specified that effective communication is required between hospitals and ambulances, hospitals and automobiles of staff physicians and key administrators, hospitals and other health and law agencies, and hospitals.

The petition noted that the AMA filed a petition on Oct. 8 requesting 12 reserved frequencies for a "Physician's Radio Service."

It said the AHA does not oppose the AMA request and pointed out that the "uses proposed by the two associations are not the same."

The AHA petition requested at least two frequencies below 50 megacycle and at least three frequencies in the 150 or 450 megacycle portions of the radio spectrum.

Colorado M.D.s Form Insurance Company

Colorado physicians have organized their own casualty company to insure members of the medical profession against malpractice claims. Dr. George R. Buck, Denver surgeon, heads Empire Casualty Co. which claims premiums 25% lower than the national rate.

Empire Casualty was incorporated with \$50,000 capital, \$25,000 surplus. Its books show \$130,000 total assets and 492 stockholders. Policyholders are insured for a maximum of \$100,000 on any case alleging malpractice and up to \$100,000 in any year. Empire Casualty carries the first \$5,000 of insurance, Lloyd's of London the balance.

Race Car M.D.s Emphasize Tests

A set of minimum requirements for U.S. drivers is an eventual goal of the American Association for Automotive Medicine.

AAAM believes that tests can be developed to screen out the physically and psychologically misfit drivers.

Testing the psychological aspects of the driver is a field for much research before finding any standard test, Dr. A. J. Mirkin, Cumberland, Md., president, stated.

All Physicians Invited: AAAM was organized by physicians who race sports cars and who were named to a medical advisory committee by the Sports Car Club of America.

"We invite all physicians who are interested in highway safety and reducing the maiming and killing on highways to join with us," Dr. Mirkin said. He added that the doctor does not have to own a sports car or be interested in them to join AAAM.

Dr. Mirkin said the new organization wants to cooperate with others working in this field, such as AMA's Committee on Medical Aspects of Automobile Injuries and Deaths.

Some sports car racers have been barred from races for psychological reasons as a result of work by the medical advisory committee to SCCA, Dr. Mirkin said. The advisory committee was established about a year ago.

Proving Grounds: Dr. Mirkin and Dr. Werner P. Pelz, Charles City, Ia., AAAM secretary-treasurer, pointed out that many of the technical advances in automobiles first are tried on race tracks before being made available to the public.

They feel that the same rule can be applied to safety measures.

The doctors are in favor of driver training and hot rod clubs.

"The worst way to learn to drive is from your spouse and the next worse way is from one of your parents," Dr. Mirkin declared.

Bad Habits: He explained that in such cases the bad driving habits of the teacher are taught the pupil. Children are inclined to mimic parents anyway, he said.

"The hot rod clubs definitely help boys be better drivers," Dr. Pelz said. "The pride of ownership and workmanship is basic in good driving."

Other physicians, all sports car drivers and racers, who helped organize AAAM, are Dr. J. Miles O'Brien, Bridgeport, Conn.; Dr. P. F. Wallace, St. Petersburg, Fla.; Dr. H. A. Fenner, Hobbs, N.M.; Dr. W. J. Gibson, St. Augustine, Fla.; Dr. George G. Snively, Sacramento, Calif.; Dr. T. P. Waring, Savannah, Ga., and Dr. W. F. Smejkal, Manitowoc, Wis.

1,500 Pathologists Elect New Officers

Dr. Frank C. Coleman, Des Moines, Iowa, was named president-elect of the College of American Pathologists at its 12th annual meeting at Chicago.

Dr. John J. Clemmer, Albany, N.Y., is the new president-elect of the American Society of Clinical Pathologists. More than 1,500 pathologists attended sessions.

Dr. Clyde G. Culbertson, Indianapolis, Ind., retired as secretary-treasurer of ASCP after serving 10 years.

A Long Shot

Leopards Take Time and Trickery

Getting a few seconds in which to shoot a leopard may mean hours of waiting motionless in African brush.

Any slight movement will frighten the unusually sensitive leopard and ruin the hunter's chances of bagging one of the beautiful skins, reports Dr. Ralph H. Kunstadter, a Chicago pediatrician.

Dr. Kunstadter spent seven weeks this summer in Mozambique (Portuguese East Africa). Two years ago he hunted in Kenya and Tanganyika in British East Africa.

Two Leopards Shot: The physician got one of only two leopards that had been shot this year at Kanga n' Thole camp, some 190 miles north of Mozambique's seaport, Beira. The camp is near the Gorongosa game reserve which covers hundreds of square miles.

Leopards, rarely seen because of their keen sense of smell, hearing, and sight, drag their kill into a tree to eat it.

Hunters, Dr. Kunstadter said, copy the leopard by hanging a dead antelope from a low branch of a tree. It may take four days for the meat to spoil enough to attract a leopard.

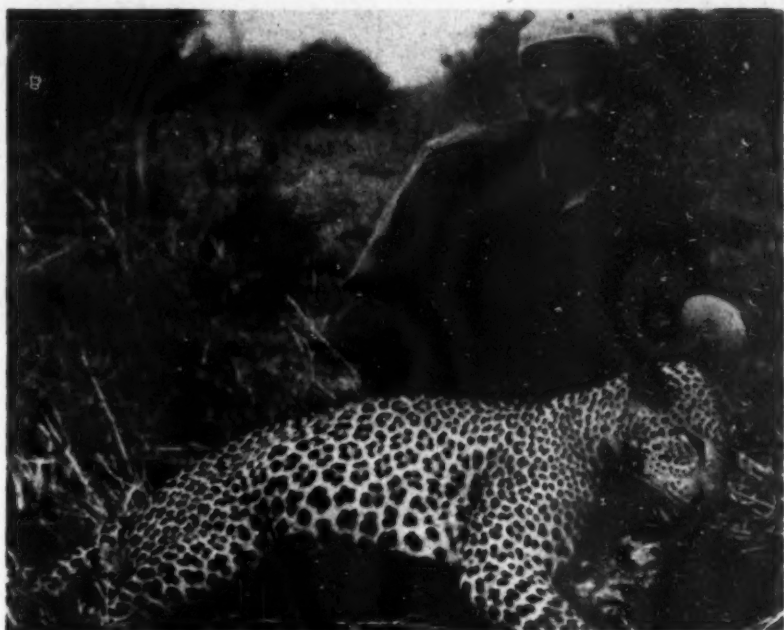
The hunter must wait each sun-up and sun-down in a blind some 100-200 yards away from the bait. The hunter lies on his stomach behind a peephole and remains absolutely quiet until the leopard climbs into the tree.

A Couple of Seconds: "As soon as he's in the tree you shoot because you'll only have a couple of seconds to get him," Dr. Kunstadter said.

He learned the bait hanging trick in British East Africa in 1956 and taught it to the guides in Mozambique.

Game in Portuguese East Africa includes antelope, zebra, wild hogs, buffalo, leopards, lions, elephants, guinea fowl, geese, ducks, and francolin, an African partridge.

Dr. Kunstadter shot 40 different animals on his trip, including three buffalo one morning. He brought back skins from his leopard, two zebras, a 13-foot python, two giant lizards, and tusks from two elephants. One pair of the tusks weighed 60 pounds each.



DR. RALPH H. KUNSTADTER shot this leopard in Mozambique.

Shooting an elephant is easy. The difficult part is tracking him and getting in position downwind to shoot.

Long Walks: Tracking is done on foot, looking for fresh tracks and droppings. It may mean walking 6-8 hours a day. Dr. Kunstadter walked almost every day for two weeks, lost 10 pounds.

Once a good track is found the hunter must move fast because an elephant can cover a lot of ground in a hurry, the pediatrician reports. Tall grass, cross tracks, and brush give the hunter trouble and he may get stalled for an hour trying to decide which way the elephant has gone.

There are two ways to hunt. One is to leave the main camp each morning and return by truck or jeep each night.

The other, and best according to Dr. Kunstadter, is to camp out in brush among the big game. A tent may be used or natives will set up grass huts in three hours.

Here's What Safari Costs

Arrangements for a hunting trip to Mozambique must be made at least a year in advance. For Tanganyika, make them two years ahead.

Approximate costs will include:

- \$1,700 round trip by air from Chicago.

- \$250 for hunting licenses. This may be less since licenses are sold for specific game.

- \$65 a day for guide, food. In Mozambique, this includes everything at camp, including beer and drinks, but no ammunition. Transportation from airport to camp also is extra.

Costs in British East Africa will be higher. The camp will run about \$100 per day. Clothes, however, will be cheaper and rifles can be rented.

The weather will range from 40 degrees at 3 a.m. to 85 in mid-afternoon.

Dr. Kunstadter shot his leopard and elephants with a .375 Winchester H & H Magnum. He used 300 grain solid cartridges for the elephants and 270 grain silver tip for the leopard. Most hunters will use larger guns for elephant, buffalo and rhinoceros, he says.

Emotional Injury Stressed

Athletic coaches should be concerned with ways athletics can promote or hamper emotional development in boys, Dr. James E. Simmons, Indianapolis, Ind., told an Indiana group.

Dr. Simmons addressed the annual conference of Indiana coaches and physicians at Indianapolis. The meeting is sponsored by the Indiana State Medical Assn., Indiana High School Athletic Assn., Indiana High School Coaches Assn. and Indiana College Coaches Assn.

Personality or emotional injuries are difficult for the coach or psychiatrist to detect, Dr. Simmons said.

"Such injuries may be due in part but are seldom caused solely by athletic competition or a single event of one game... injuries to the personality often do not become disabling until the trauma or injury has been repeated many times or until several

years after the original causes have been forgotten," explained the Louisville psychiatrist.

How a coach handles emotional problems among the adolescents with whom he works is infinitely important, Dr. Simmons declared. The coach becomes a formal and informal counselor and what he does is much more important than what he says.

Dr. Simmons told the conference: "The average adolescent is vitally concerned with his struggle between remaining dependent (childish) and becoming independent (manhood). This struggle permeates all of his relations with adults. He is also preoccupied with developing a sense of self and personal worth."

He warned coaches against having teams that function as robots. "In life there is little room for robots and there are no coaches to keep them running."

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